MATHEMATICA
Policy Research

National Longitudinal Transition Study 2012 (NLTS2012)

Parent Baseline Questionnaire: CATI Programming Specifications

Dated 07.19.12

Updated to:
- reflect text modifications to conduct interviews post 2011-2012 school year
- modify flow of consent scripts (formerly gathered in sections A & D)
- Update the text fills and applicable payment flags to describe experimental payment groups
- Update contact information for the New England IRB

ADMINISTRATIVE NOTES:

- EACH **ITEM** DRAWN FROM A PRE-EXISTING INSTRUMENT WILL HAVE, AT THE END OF THE QUESTION TEXT, THE **SOURCE** INSTRUMENT AND ITEM REFERENCE NUMBER. IF THE ORIGINAL SOURCE HAS BEEN MODIFIED, THE TEXT "REV" WILL FOLLOW.

- THIS INSTRUMENT IS DESIGNED TO BE **INTERVIEWER-ADMINISTERED OVER THE TELEPHONE** WITH AN ESTIMATED DURATION OF 35 MINUTES.

- **GUIDELINES FOR ADMINISTRATION ARE NOTED THROUGHOUT** – ITEMS IN ALL CAPS ARE NOT READ ALOUD, UNDERLINED VERBIAGE IS EMPHASIZED. STANDARDIZED PROBES AND DEFINITIONS ARE PROVIDED.

- PARENTAL **CONSENT WILL BE DIGITALLY** RECORDED AND STORED AT MATHEMATICA ON A SECURE SERVER. ONCE CONSENT IS RECEIVED, THE SAMPLE MANAGEMENT (SMS) DATABASE WILL GENERATE A MAILING TO THE PARENT DOCUMENTING THE CONSENT GRANTED.

- **PARENT INTERVIEW COMPLETED PRIOR TO LAUNCHING THE STUDENT INTERVIEW**. RELEASE OF ALL SUBSEQUENT ELEMENTS OF THE STUDY (GEN ED TEACHER, SCHOOL PROGRAM, STUDENT ASSESSMENT, SCHOOL RECORDS, ETC) IS CONTINGENT UPON STUDENT ALSO PROVIDING CONSENT / APPROVAL IN SECTION J OF THAT INSTRUMENT.

- **SAMPLE FILE WILL CONTAIN NAME AND CONTACT INFORMATION FOR UP TO TWO PARENTS OR GUARDIANS** FOR EACH STUDENT. ADDRESS LINKED TO THE PARTICIPATING PARENT WILL BE THE ADDRESS POPULATED IN CATI (BASED ON RESPONDENT CONFIRMATION IN CATI FRONT END).

CATI PROGRAMMING NOTES:

- **AGE OR IEP/ 504 STATUS-SPECIFIC SKIPS ARE DENOTED IN THE UNIVERSE,** DIRECTLY PRECEDING APPLICABLE ITEMS OR DELINEATED IN PRECEDING LOGIC BOXES.

- ANY SKIP **LOGIC BASED ON RESPONSE CATEGORIES** IS LOCATED NEXT TO THE APPLICABLE RESPONSE.

- **STATE-SPECIFIC NAME** FOR SNAP AND STATE HEALTH INSURANCE PROGRAMS HAS BEEN PROVIDED SEPARATELY.
- FILLS FOR **YOUTH'S NAME** ARE **GENERATED BY SAMPLE FILE**.

- **AGE-SPECIFIC** QUESTIONS ARE GUIDED BY CALCULATION OF AGE FROM DATE OF BIRTH VARIABLE PROVIDED IN SAMPLE FILE [DOB] OR FROM ITEM A12A (IF SAMPLE INFO DEEMED INCORRECT). WHEN **AGE IS NOT AVAILABLE FROM THE SAMPLE FILE AND THE PARENT DOES NOT PROVIDE IT** IN A12A, AGE-SPECIFIC QUESTIONS ARE GUIDED BY CURRENT GRADE IN SCHOOL (B2 OR B4A OR SAMPLE FILE) IF ENROLLED WITH ONE YEAR OF AGE SUBTRACTED FROM THE EXPECTED AGE IN EACH GRADE TO AVOID MISSING ELIGIBLE STUDENTS. SO GRADE 12 AND 13 WILL BE ASSIGNED AGE 16, GRADE11 ASSIGNED AGE 15, GRADE10 ASSIGNED AGE 14, GRADE 9 ASSIGNED AGE 13, ETC. THE LOWEST AGE FOR WHICH AGE TRIGGERS A FILL IS 15, SO GENERATING AGE FOR LOWER GRADES IS NOT STRICTLY NECESSARY. IF GRADE IS D,R,0,14,99 OR (B2≠1 AND B4A≠1 AND MISSING IN SAMPLE FILE), ASSIGN AGE = 16. FOR PURPOSES OF SKIP / UNIVERSES.

- **GENDER**-RELATED FILLS DRAWN FROM ITEM A11. PRIOR TO A11 IS DRAWN FROM SAMPLE FILE WHERE <GENDER> MALE=1, FEMALE=2. IF GENDER ON SAMPLE FILE = BLANK (.) THEN PRIOR TO A11, CATI WILL POPULATE GENDER FILLS AS "HE/SHE." LIKEWISE, IF SAMPLE FILE = (.) AND PARENT DOES NOT ANSWER ALL, SUBSEQUENT FILLS WILL USE (HE/SHE OR HIS / HERS, HIM HER), AS APPLICABLE.

- ACROSS ALL ITEMS ON NAME AND ADDRESS: DEVIATE FROM BLAISE STANDARD (WHERE SUBSEQUENT ITEMS SKIPPED IF ANY FIELD = REF / DK ON NAME OR ADDRESS). ANY FIELDS DESIGNATED AS "D" OR "R" WILL THEN BE CONVERTED TO "." IN OVERNIGHT TRANSFER.

- ADD TO "**DIAL SCREEN**" THE AMOUNT OF THE PARENT INCENTIVE AVAILABLE TO THIS CASE, BASED ON FLAGS FROM THE DATA COLLECTION TAB OF THE SMS. THESE ARE AS FOLLOWS: **INCENTIVE = $20** (DEFAULT), **INCENTIVE = $10**, **NO PAYMENT ALLOWED TO PARENT PER DISTRICT**.
- AS OF 05.30.12: PLEASE REMOVE THE FEATURE FOR "SOFT APPOINTMENT" FEATURE / CAPACITY IN BLAISE TO MINIMIZE LIKELIHOOD OF CODING ERROR.

CATI SET UP THE FOLLOWING **GROUPS FOR INTERVIEWERS** WHO WILL RECEIVE THE FOLLOWING TYPES OF CASES, BASED ON THEIR ASSIGNMENT TO A GROUP:

GROUP NAME	SPECIFICATIONS
REFUSAL CONVERTER: ENGLISH	ALL NON-SPANISH CASES WHO HAVE ALSO REFUSED TO COMPLETE AN INTERVIEW AND HAVE A REFUSAL STATUS ELIGIBLE FOR CONVERSION.
SPANISH	ALL CASES WHERE BI-LINGUAL INTERVIEWER IN SPANISH IS REQUESTED. STAFF ARE ALL CERTIFIED SPANISH-SPEAKING INTERVIEWERS.
SPANISH REFUSAL	ALL CASES FLAGGED AS NEEDING SPANISH-SPEAKING INTERVIEWER WHO HAVE ALSO REFUSED TO COMPLETE AN INTERVIEW AND HAVE A REFUSAL STATUS ELIGIBLE FOR CONVERSION. ALL CASES WHERE BI-LINGUAL INTERVIEWER IN SPANISH IS REQUESTED. STAFF ARE ALL CERTIFIED SPANISH-SPEAKING INTERVIEWERS.
SPECIAL MODE - ENGLISH	**FOR PARENT INTERVIEW:** WHERE RESPONDING PARENT REQUESTS ASSISTIVE TECHNOLOGY IN THE FORM OF VIDEO RELAY, INSTANT MESSENGER, OR TTY/TDD (BECAUSE OF A DISABILITY HE OR SHE HAS). THESE CASES WILL BE MANUALLY ASSIGNED TO THIS GROUP BY A PROGRAMMER. **FOR STUDENT INTERVIEW:** CASES WHERE PARENT ITEM I14 = 1,2, OR 4 OR WHERE MANUALLY DESIGNATED TO THIS GROUP BY A PROGRAMMER.
SPECIAL MODE - SPANISH	SAME SPECS AS SPECIAL MODE (ABOVE), PLUS INTERVIEWER MUST <u>ALSO</u> BE MEMBER OF SPANISH GROUP DESCRIBED ABOVE.

NAMES OF SPECIFIC STAFF ELIGIBLE TO RECEIVE CASES IN EACH QUEUE WILL BE PROVIDED TO THE BLAISE PROGRAMMER ON A FLOW BASIS. ALL SPECIAL MODE DIALING WILL BE BASED IN PRINCETON OFFICE EXCLUSIVELY.

FLAGS FROM SMS:

- Based on district-specific guidelines on study implantation, we will modify the CATI script to ensure we are in alignment with requests relating to respondent payments. These flags will also trigger the respondent payment value to populate on the "dial tab" for interviewers to check or reference which type of case this is. The flag, comes from the DC tab of the SMS (driven by LEA-level IDs), will assign the following values – specifications have been updated in parent and student instruments accordingly:

FLAG VALUE	DESCRIPTOR	PARENT RESPONDENT PAYMENT VALUE (TO INSERT ON MAKE CALL SCREEN)
1	Permitted	$20
2	Not permitted, donation can be made to SCHOOL	$0 – $20 PAYMENT GOES TO SCHOOL
3	Not permitted, donation can be made to DISTRICT	$0 – $20 PAYMENT GOES TO DISTRICT
4	Not permitted	$0
5	Experimental condition A - $5 Pre-pay, $15 post pay	$20 TOTAL
6	Experimental condition B- $5 Pre-pay, $30 post pay	$35 TOTAL

A. INTRODUCTION AND CONSENT

ALL
"interviewer name"
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

A1. **The U.S. Department of Education is sponsoring the National Longitudinal Transition Study. Through this important project, we hope to learn more about issues youth face today as they transition from school to adult life and how schools can better support students in reaching their goals.**

CONTINUE.. 1   Go to A1a

WANTS ANOTHER LETTER..................................... 2   Go to ReadLetter

NOT A GOOD TIME 3   Go to Callback

WANTS MORE INFO 4   Go to MoreInfo

HUNG UP DURING INTRODUCTION 5   Status 640, Exit

REFUSED .... r   Status 200, Exit

CATI: DO NOT ALLOW A DK OPTION ON A1

A1 = 4

<MoreInfo.> **People who create policies and run programs for schools want to know more about how to help students be prepared for life after high school. To collect this information, the U.S. Department of Education is sponsoring this study. The data will be used to improve the ways schools help students become productive adults. As a parent, your opinions and experiences are critical to the success of this study. Shall we begin?**

.... **CODE ONE ONLY**

BEGIN INTERVIEW... 1   Go to A1a

WANTS ANOTHER LETTER..................................... 2   Go to ReadLetter

NOT A GOOD TIME 3   Go to Callback

HUNG UP DURING INTRODUCTION 4   Status 640, Exit

REFUSED .... r   Status 200, Exit

noletter = 2 or moreinfo = 2

ReadLetter. **May I read the letter to you and then we can begin?**

.... **CODE ONE ONLY**

YES, READ THE LETTER FROM HARD COPY 1   Go to A1a

NO, WANTS ANOTHER LETTER FIRST 2   Go to SendLetter

HUNG UP DURING INTRODUCTION 3   Status 640, Exit

REFUSED .... r   Status 200, Exit

ReadLetter = 2

SendLetter1. I can mail you a letter or send it via e-mail. Which would you prefer?

              E-MAIL 1   Go to SEND LETTER 1A

              MAIL ANOTHER LETTER 2   Go to SEND LETTER 1B

CATI DO NOT ALLOW DK / REF FOR THIS ITEM

SendLetter = 1

SendLetter1A. What email address should we send this letter to?

              SPECIFY EMAIL:_____ STRING (150) Status 832, Go toThanks

              REFUSED .... r   Status 200, Exit

SendLetter = 2

SendLetter1B. Ok. I'll mail another letter and will call back in a few days

              STREET_____ STRING (25)

              CITY_____ STRING (25)

              STATE_____ STRING (25)

              |__|__|__|__|__| - |__|__|__|__|

              ZIP CODE ....   Status 831, Go toThanks

        00501-99950   0001-9999

              DON'T KNOW……………………………………………..d Status 831, Go toThanks

              REFUSED………………………………………………….r Status 200, Exit

(Send letter1a=specify, d) or (Send letter1b=specify, d)

Thanks.   **Thank you very much for your time.**

              CONTINUE.. 1   Exit

ALL

A1a.   **This call will be recorded for quality assurance purposes. Would you please tell me your name for the recording? Thank you.**

              _____ STRING (20)

              FIRST NAME

              _____ STRING (50)

              LAST NAME

              REFUSED .... r   GO TO A2

              HUNG UP DURING INTRODUCTION 2   TERMINATE (STATUS 240)

CATI: DO NOT ALLOW A DK OPTION ON A1a

ALL
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>
"him" if sample file gender <GENDER> = 1, "her" if sample file gender <GENDER> =2

A2. **{YOUTH} is one of 18,000 students across the country being asked to take part in this voluntary study. I will briefly explain what being in the study will mean for you and {YOUTH}. If you have any questions I am happy to answer them.**

CATI: INSERT IF PAYMENT FLAG = 1: You will be paid $20 for <u>each</u> interview completed.

CATI: INSERT IF PAYMENT FLAG = 5: You will be paid $20 total for <u>each</u> interview completed. We will send you $15 after this interview is completed.

CATI: INSERT IF PAYMENT FLAG = 6: You will be paid $35 total for <u>each</u> interview completed. We will send you $30 after this interview is completed.

CATI: INSERT FOR ALL: You will be contacted for another interview in 2014, to see what may have changed since we last spoke. I'll ask about {YOUTH}'s experiences at school, hopes for the future, and some basic information about your household. This interview will take 30 to 35 minutes. We would also like to interview {YOUTH} over the telephone for about 30 minutes. That interview has questions about experiences in and out of school and plans for the future. You can help your child answer questions or answer for {him/her}, if needed. Students will be contacted for another interview in 2014. CATI: INSERT IF PAYMENT FLAG=1 ONLY: {YOUTH} will get a $10 gift card for each interview completed.

CATI: INSERT FOR ALL: All the information collected about {YOUTH} will be kept confidential and not shared with others. All reports will be in summary form only. Your child's name will never be used. There are no special risks to you or {YOUTH} from taking part in this study. If you or your child feels uncomfortable answering any of the questions, you can stop without penalty. I will mail you a letter describing what we just discussed, so you will have it for your records. Do you give your permission for these interviews?

IF NEEDED: If you'd like to see the consent form in writing before continuing with the interview, we can email (or fax) it to you.

AGREED - CONTINUE... 1

PROVIDE CONSENT FORM BY FAX-EMAIL 3   GO TO SENDCONS8

DISAGREE / DECLINES 2   TERMINATE. STATUS 211, ROUTE TO
REFUSAL MODULE.

DECLINES STUDY PARTICIPATION 0   TERMINATE. STATUS 211 AND
ROUTE TO REFUSAL MODULE.

CATI: DO NOT ALLOW DK or REF OPTIONS FOR A2

A2=3

SendCONS8. I can send this form via e-mail or fax, which would you prefer?

E-MAIL 1   Go to SendCONS8a

FAX 2   Go to SendCONS8b

REFUSED .... r   Status 200, Exit

CATI DO NOT ALLOW DK FOR THIS ITEM

SendCONS8=1

SendCONS8a. What email address should we send a copy of the consent form to?

SPECIFY EMAIL:_____ STRING (150) Status 832, Go toThanks

REFUSED .... r   Status 200, Exit

CATI DO NOT ALLOW DK FOR THIS ITEM

SendCONS8=2

SendCONS8B. What fax number should we send a copy of the consent form to?

|___|___|___| - |___|___|___| - |___|___|___|___| / Phone (STRING 30) Status 832, Go toThanks
(RANGE)   (RANGE)   (RANGE)

REFUSED .... r   Status 200, Exit

CATI DO NOT ALLOW DK FOR THIS ITEM

ALL

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

A11.   **I need to begin by asking a few questions about {YOUTH} to make sure I ask questions that apply only to certain groups. Is {YOUTH} male or female?** (NLTS2 A1, rev)

MALE.. 1

FEMALE 0

DON'T KNOW .... d

REFUSED .... r

CATI: IF RESPONSE TO A11 DIFFERS FROM DISTRICT DATA PROVIDED, USE RESPONSE TO A11 FOR REMAINING APPLICABLE FILLS. IF A11= D, R THEN FILL BASED ON DATA PROVIDED IN SAMPLE FILE.

IF SAMPLE FILE <GENDER> = . AND A11=D, R, THEN POPULATE ALL SUBSEUQENT GENDER FILLS WITH BOTH OPTIONS (HIS / HER) AND (HIM / HER) AS APPLICABLE FOR THE REMAINDER OF THE INSTRUMENT.

ALL WHERE DOB IN SAMPLE FILE IS POPULATED AND NOT "."
Fill DOB from sample file
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

A12. **I have {YOUTH}'s month and year of birth as {FILL FROM SAMPLE}? Is that correct?**
(NLTS2 A2A, REV)

YES 1   GO TO A13

NO.. 0

DON'T KNOW .... d   GO TO A13

REFUSED .... r   GO TO A13

CATI: IF A12=1 USE YEAR OF BIRTH FROM SAMPLE FILE TO CALCULATE, USING MONTH OF BIRTH AND ASSIGN DAY AS "1" FOR ALL. THIS VARIABLE WILL BE USED FOR SUBSEQUENT LOGIC RELATED TO STUDENT AGE.

A12=0 OR WHERE DOB IN SAMPLE FILE = "." (BLANK)
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

A12a. **What is {YOUTH'S} month and year of birth?** (NLTS2 A2B, REV)

PROGRAMMER: COLLECT DATE WITH SEPARATE FIELDS

|___|___| / |___|___|___|___|
MONTH YEAR
(1-12)   (1990-2000 ONLY)

DON'T KNOW .... d

REFUSED .... r

CATI: FOLLOW IS STANDARD PROTOCOL IN A12 TO ACCOUNT FOR LEAP YEARS AS APPLICABLE..

ALL
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

A13. **What is your relationship to {YOUTH}?** (NEW)

NOTE: CODE STEPPARENTS AS MOTHER OR FATHER.

MOTHER 1

FATHER 2

OTHER RELATIVE...................................... 3

FOSTER PARENT....................................... 4

OTHER LEGAL GUARDIAN 5

OTHER (SPECIFY) 99

_____(STRING 100)

DON'T KNOW .... d

REFUSED .... r

B. STUDENT'S EXPERIENCE AT SCHOOL

B1_INTRO   **The next questions are about {YOUTH}'s school experiences this school year, that is, the 2011-2012 school year.**

<SCHOOL NAME> IN SAMPLE FILE IS NOT "UNKNOWN" OR "."
{SCHOOL NAME} school name from SAMPLE FILE: < SCHOOL NAME >

A14.   **Our records from the school district show the name of [STUDENT]'s school in 2011-2012 was [SCHOOL NAME], is that correct?**

YES 1   GO TO A15

NO... 0

DON'T KNOW .... d   GO TO A15

REFUSED .... r   GO TO A15

A14=0 OR <SCHOOL NAME> IN SAMPLE FILE IS "UNKNOWN" OR "."
{SCHOOL NAME} school name from SAMPLE FILE: < >

A14a.   **What was the name of [STUDENT]'s school in 2011-2012?**

SPECIFY: _____ (STRING 200 CHAR)

DON'T KNOW .... d

REFUSED .... r

ALL
{SCHOOL NAME} school name from SAMPLE FILE: < >

A15.   **What city and state is this school located in?**

_____(STRING (200)
CITY

_____(STRING (50)
STATE/TERRITORY

DON'T KNOW .... d

REFUSED .... r

CATI: ALLOW DK ON EITHER PART OF THIS RESPONSE, ALLOWING INTERVIEWER TO CONTINUE TO NEXT FIELD.

ALL
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

B1. **Has {YOUTH} been enrolled in an elementary, middle, junior or senior high school this school year?** (NLTS D1A)

YES 1

NO... 0   GO TO BOX B4

DON'T KNOW .... d   GO TO BOX B4

REFUSED .... r   GO TO BOX B4

B1=1
"IS" IF INTERVIEW MONTH IS SEPTEMBER TO MAY, "WAS" IF INTERVIEW MONTH IS JUNE TO AUGUST
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

B2. **What grade {is/was} {YOUTH} in 2011-2012?**

[PROBE FOR UNGRADED IF PARENT IS UNSURE.] (NLTS D10)

CODE ONE ONLY

UNGRADED CLASS 0

SIXTH GRADE 6

SEVENTH GRADE 7

EIGHTH GRADE 8

NINTH GRADE.. 9

TENTH GRADE 10

ELEVENTH GRADE 11

TWELFTH GRADE 12

THIRTEENTH GRADE 13

MULTI-GRADE.. 14

OTHER (SPECIFY) 99

_____(STRING 50)

DON'T KNOW .... d

REFUSED .... r

B1=1
"he" if A11= 1, "she" if A11 = 0

B3. **Which of the following best describes the school {he/she} attended in 2011-2012?**

A regular school that serves a wide variety of students, a school that serves only students with disabilities, a magnet school that specializes in a particular subject area or theme, a vocational/technical school (voc-tech), a charter school, an alternative school, or another kind of school?

[2+ SCHOOLS IN SAME YEAR, ASK ABOUT THE MOST RECENT SCHOOL. 2+ SCHOOLS AT SAME TIME, ASK ABOUT THE SCHOOL WHERE MOST TIME SPENT.] (NLTS D1B)

CODE ONE ONLY

A REGULAR SCHOOL THAT SERVES A WIDE VARIETY OF STUDENTS, ... 1

A SCHOOL THAT SERVES ONLY STUDENTS WITH DISABILITIES,... 2

A MAGNET SCHOOL THAT SPECIALIZES IN A PARTICULAR SUBJECT AREA OR THEME,.............. 3

A VOCATIONAL/TECHNICAL SCHOOL (VOC-TECH), ... 4

A CHARTER SCHOOL,... 5

AN ALTERNATIVE SCHOOL 6

HOME INSTRUCTION BY A PROFESSIONAL 7

HOME SCHOOLING BY A PARENT 8

MEDICAL FACILITY, CONVALESCENT HOSPITAL, OR INSTITUTION FOR PEOPLE WITH DISABILITIES.. 9

MENTAL HEALTH FACILITY 10

CORRECTIONAL OR JUVENILE JUSTICE FACILITY.. 11

OTHER (SPECIFY) 99

_____(STRING 150)

DON'T KNOW .... d

REFUSED .... r

BOX B4
THIS LOGIC SKIPS PARENTS OF YOUTH IN SETTINGS OTHER THAN REGULAR SCHOOLS TO QUESTION B4c and FILLS B4-B4b WITH INFORMATION WE KNOW FROM RESPONSES TO B3.
IF B3 = 1-6, GO TO B4.
IF B3 = 7-11, 99, CODE B4 = 1 AND CODE APPROPRIATE SETTINGS IN B4b based on B3, THEN GO TO B4c. (These should not go to box B4a along the way.)
IF B3 = D,R, GO TO B4c.
IF B1 = 0, D, R, GO TO B4.

B3=1-6 OR B1 = 0,D,R

B4. **Has {he/she} received any elementary, middle, junior or senior high school level instruction in any <u>other</u> setting during the 2011-2012 school year? For example, that could include instruction in a hospital, correctional facility, or a home school.** (NLTS D2A)

      YES 1   GO TO BOX B4A

      NO 0   GO TO BOX B4A

      DON'T KNOW .... d   GO TO BOX B4A

      REFUSED .... r   GO TO BOX B4A

BOX B4A
IF B1 ≠ 1 (NOT ENROLLED) AND B4 = 1 (ENROLLED, NOT REGULAR SCHOOL), GO TO B4a.
IF B3 = 1-6 (ENROLLED, REGULAR SCHOOL) AND B4 = 1 (ENROLLED, NOT REGULAR SCHOOL), GO TO B4B.
IF B1 = 1 AND B3 = 1-6 AND B4 = 0,D,R, GO TO B4C.
IF B1= 0,D,R AND B4 = 0,D,R, GO TO B5
ELSE, GO TO BOX B5.

B4=1

"is" if interview month is September to May, "was" if interview month is June to August "was" if B4=0

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

B4a. **What grade {is/was} {YOUTH} in the 2011-2012 year?**
[PROBE FOR UNGRADED IF PARENT IS UNSURE.] (NLTS D10)

CODE ONE ONLY

UNGRADED CLASS 0

FIRST GRADE 1

SECOND GRADE.. 2

THIRD GRADE.. 3

FOURTH GRADE 4

FIFTH GRADE... 5

SIXTH GRADE 6

SEVENTH GRADE 7

EIGHTH GRADE 8

NINTH GRADE.. 9

TENTH GRADE 10

ELEVENTH GRADE 11

TWELFTH GRADE 12

THIRTEENTH GRADE 13

MULTI-GRADE... 14

OTHER (SPECIFY) 99

_____(STRING 50)

DON'T KNOW .... d

REFUSED .... r

(B4=1 AND B3 = 1-6) OR (B4 = 1 AND B1 ≠ 1)

B4b. **Which of the following best describes the setting where {YOUTH} received this instruction? Was it… [IF MORE THAN ONE SETTING, CODE MOST RECENT SETTING]** (NLTS D2B)

<div align="right">CODE ONE ONLY</div>

Home instruction by a professional, ... 1

Home schooling by a parent, ... 2

A hospital or hospital school, ... 3

A medical facility convalescent hospital or institution for people with disabilities, ... 4

A mental health facility, ... 5

A correctional or juvenile justice facility, or 6

Another kind of place? (SPECIFY) 99

_____(STRING 150)

DON'T KNOW .... d

REFUSED .... r

B1 = 1 OR B4=1

"he" if A11= 1, "she" if A11 = 0

B4c. **Is {he/she} receiving instruction now, that is, is (he / she) currently enrolled in any school setting at this time?** (NLTS D2C, REV)

PROBE: By "enrolled" we mean receiving instruction in any setting.

YES 1   GO TO BOX B5

NO.. 0   GO TO BOX B5

DON'T KNOW .... d   GO TO BOX B5

REFUSED .... r   GO TO BOX B5

<div align="center">

BOX B5

</div>

IF((B1 OR B4 = 1) AND (B2 OR B4A = 12, 13 OR ((B2 OR B4A = 0,14,99,D,R) AND AGE ≥16)) OR(B4C =1, D, R AND AGE ≥16) GO TO B6. ELSE IF (B1 OR B4 = 1 AND (B2= [6-11] OR B4A = [1-11]) OR ((B2=0,14,99,D,R OR B4A = 0,14,99,D,R) AND AGE < 16)) OR (B4C = 1, D, R AND < 16), GO TO B10. ELSE IF (B1 = 0,D,R AND B4 = 0,D,R) OR (B4C = 0) GO TO B5.

(B1 = 0,D,R AND B4= 0,D,R) OR B4C = 0

"he" if A11= 1, "she" if A11 = 0

B5. **Is {he/she} not in school now because {he/she}…** (NLTS D2D)

CODE ONE ONLY

Is on school vacation, ... 1 GO BACK AND FIX B1

Graduated,.. 2 GO TO B8

Took a test and received a diploma or a certificate without taking all of {his/her} high school classes, ... 3 GO TO B8

Dropped out or just stopped going, ... 4

Was suspended (temporary),.................................... 5 GO TO B6

Was expelled (permanent), ... 6 GO TO B6

Was older than the school age limit, or .... 7 GO TO B6

Some other reason? (SPECIFY)............................... 99 GO TO B6

_____(STRING 150)

DON'T KNOW .... d GO TO B6

REFUSED .... r GO TO B6

HARD CHECK: IF B5=1, **Do I understand correctly that {he/she} is enrolled in a school but on school vacation now? IF (B1 = 0,D,R AND B4 = 0, D, R) AND B5 =1, GO BACK TO B1 AND CHANGE TO B1=1 AND FOLLOW NEW PATH. IF B4C = 0 AND B5 = 1, GO BACK AND CHANGE B4C TO B4C = 1 AND FOLLOW NEW PATH.   IF NOT, PROBE FOR WHY NOT IN SCHOOL.**

B5=4

B5a.   **What were {his/her} reasons for leaving?** (NLTS D2F)

CODE ALL THAT APPLY

SCHOOL: ACADEMIC DIFFICULTY; POOR GRADES/NOT DOING WELL 1
SCHOOL: DISLIKE OF SCHOOL EXPERIENCE 2
SCHOOL: SCHOOL TOO DANGEROUS 3
SCHOOL: FAILED REQUIRED TEST/FAILED GRADUATION EXAM.........................4
SCHOOL: LACK OF APPROPRIATE CURRICULUM 5
SCHOOL: POOR RELATIONSHIPS WITH TEACHERS AND SCHOOL STAFF.........6
SCHOOL: POOR RELATIONSHIP WITH FELLOW STUDENTS 7
SCHOOL: LANGUAGE DIFFICULTY 8
SCHOOL: PROBLEMS WITH BEHAVIOR..9
FINANCIAL: ECONOMIC REASONS...10
FINANCIAL: LACK OF CHILD CARE 11
FINANCIAL: LACK OF TRANSPORTATION 12
HEALTH: SUBSTANCE ABUSE...13
HEALTH: ILLNESS/DISABILITY...14
HEALTH: PREGNANCY 15
PERSONAL: ENTERED THE CRIMINAL JUSTICE SYSTEM...................................16
PERSONAL: NEEDED AT HOME 17
PERSONAL: RELIGION 18
PERSONAL: MOVED 19
RELATIONSHIPS: PARENT/GUARDIAN INFLUENCE 20
RELATIONSHIPS: FRIENDS WERE DROPPING OUT 21
RELATIONSHIPS: MARRIAGE 22
WORK: MILITARY, JOINED ARMED FORCES...23
WORK: EMPLOYMENT, SOUGHT OR ACCEPTED JOB...24
OTHER (SPECIFY)...99
_____ (STRING 150)
DON'T KNOW ....d
REFUSED ....r

(GO TO BOX B7)

B5=5-7,99,D,R OR (B1 OR B4 = 1 AND (B2 OR B4A = 12,13 OR ((B2 OR B4A = 0,14,99,D,R) AND AGE ≥16)))
OR (B4C = 1, D, R AND AGE ≥16)

B6. **Do you expect that {he/she} will graduate or finish school this year?** (NLTS D2G1)

YES.	1	GO TO BOX B7
NO..	0	GO TO BOX B7
DON'T KNOW	d	GO TO BOX B7
REFUSED	r	GO TO BOX B7

BOX B7

IF B5 = 4-7,99,D,R, GO TO B7. ELSE GO TO B10.

B5=4-7, 99, D, R

IF B5 = 4, DISPLAY "dropping out"
IF B5 = 5, DISPLAY "being suspended"
IF B5 = 6, DISPLAY "being expelled"

B7. **In the past school year has {YOUTH} taken any courses or tests to earn a high school diploma or its equivalent since { dropping out/being suspended/ being expelled}?** (NLTS D3A)

YES	1	
NO..	0	GO TO B9
DON'T KNOW	d	GO TO B9
REFUSED	r	GO TO B9

B7=1 OR B5= 2,3

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

B8. **Has {YOUTH} earned a diploma, GED, or certificate of completion?**

IF NEEDED: What was it? (NLTS D2E REV)

CODE ONE ONLY

NO DIPLOMA EARNED 0

REGULAR DIPLOMA 1

GED 2

CERTIFICATE OF COMPLETION............................. 3

MODIFIED DIPLOMA 4

OTHER (SPECIFY) 99

_____(STRING 150)

DON'T KNOW .... d

REFUSED .... r

ASK ONLY OF STUDENTS WHO:
DID NOT ATTEND [B1=0, D, R AND B4=0, D, R) OR
WHO DROPPED OUT, WERE SUSPENDED, OR EXPELLED [B5=4, 5, 6)

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

B8.5. **Did {YOUTH} take any courses this year (2011-2012) at a 2-year or community college, a career, business, or trade school, or a 4-year college?** (NEW)

YES 1

NO.. 0   GO TO B9

DON'T KNOW .... d   GO TO B9

REFUSED .... r   GO TO B9

B8.5=1

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

B8.5a. **Which type of post-secondary program did {YOUTH} attend in 2011-2012?**

CODE ONE ONLY

2-YEAR OR COMMUNITY COLLEGE......................... 1   GO TO B12

CAREER, BUSINESS OR TRADE SCHOOL............... 2   GO TO B12

4-YEAR COLLEGE.. 3   GO TO B12

DON'T KNOW .... d   GO TO B12

REFUSED .... r   GO TO B12

(B1=0,D, R AND B4=0,D,R) OR (B4C = 0)

B9.   **When did {he/she} last attend school or receive instruction in school subjects?**

[RESPONSE MAY BE THE MONTH AND YEAR {YOUTH} LEFT SCHOOL OR HOW LONG AGO {HE/SHE} LEFT SCHOOL. NOTE: THIS CAN INCLUDE HOME OR HOSPITAL SCHOOLING] (NLTS D5A)

|__|__| / |__|__|__|__|
MONTH   YEAR
(1-12) (2000-2012)

OR |__|__| MONTHS or YEARS AGO

NEVER 0

DON'T KNOW .... d

REFUSED .... r

B1 = 1 OR B4 = 1 OR B5 = 1-3 OR B9 year = 2012 OR (B4C = 1, D, R AND AGE <16)

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

B10.   **Did {YOUTH} attend summer school in the summer of 2011?** (NLTS D7A)

CODE ONE ONLY

YES 1

NO 0

IN YEAR ROUND SCHOOL 2

DON'T KNOW .... d

REFUSED .... r

ALL EXCEPT WHERE B5=2,3,7 OR B6=1 OR B8≠0

B11.   **Do you expect that {YOUTH} will be enrolled in elementary, middle, junior, or senior high school in the fall? [IF NEEDED: That is the 2012-2013 school year]** (NLTS D5E)

YES 1   GO TO B13

NO 0

DON'T KNOW .... d

REFUSED .... r

B11=0,D,R OR B8 = 1
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

B12. **What are {YOUTH'S} plans for the fall? [IF NEEDED: That is the 2012-2013 school year] (NLTS D6A)**

PROBE: IF R SAYS "GO TO SCHOOL": **Does {YOUTH} plan to go to a 2-year, junior, or community college; a 4-year college or university; a vocational or business school; a GED program; or another kind of school or program?**

CODE ALL THAT APPLY

HAS NO PLANS/JUST HANG OUT	1
LOOK FOR WORK/GET A JOB..................................	2
CONTINUE WORKING..	3
GO TO A 2-YEAR, JUNIOR/COMMUNITY/ TECHNICAL COLLEGE..	4
GO TO A 4-YEAR COLLEGE/UNIVERSITY	5
GO TO A VOCATIONAL OR BUSINESS SCHOOL OR JOB TRAINING PROGRAM	6
GED PROGRAM	7
GO TO ANOTHER SCHOOL (UNSPECIFIED)............	8
GO TO AN ADULT DAY PROGRAM...........................	9
GO TO AN ADULT RESIDENTIAL PROGRAM	10
TRAVEL	11
DO VOLUNTEER WORK	12
GET MARRIED..	13
HAVE A BABY...	14
MOVE...	15
GET OWN APARTMENT/HOUSING ARRANGEMENT..	16
JOIN THE MILITARY	17
INCARCERATED	18
OTHER (SPECIFY)	99
_____(STRING 150)	
DON'T KNOW	d
REFUSED	r

ALL

B13.   **Since {he/she} entered kindergarten, has {he/she} ever been held back a grade in school?** (NLTS D7D)

YES 1

NO.. 0   GO TO B14

DON'T KNOW .... d   GO TO B14

REFUSED .... r   GO TO B14

B13=1

B13a.   **What grade or grades was {he/she} held back?** (NLTS D7E)

CODE ALL THAT APPLY

KINDERGARTEN 0

FIRST GRADE 1

SECOND GRADE.. 2

THIRD GRADE... 3

FOURTH GRADE 4

FIFTH GRADE.. 5

SIXTH GRADE 6

SEVENTH GRADE 7

EIGHTH GRADE 8

NINTH GRADE... 9

TENTH GRADE 10

ELEVENTH GRADE 11

TWELFTH GRADE 12

DON'T KNOW .... d

REFUSED .... r

SOFT CHECK: IF (B13a GT B2 and B2 NE 0) or (B13a GT B4a and B4a NE 0) **I recorded that {he/she} was held back in a higher grade than I recorded {him/her} having attended. Which do I need to fix?**   Let interviewer toggle to B2 and B4a to make corrections.

B5≠6

B14. **Has {he/she} ever been expelled from school?** (NLTS D7H REV)

YES	1	
NO..	0	GO TO B15
DON'T KNOW	d	GO TO B15
REFUSED	r	GO TO B15

B14=1 OR B5 = 6

B14a. **From what grade or grades was {he/she} expelled?** (NLTS D7I REV)

CODE ALL THAT APPLY

PRE-KINDERGARTEN..	98
KINDERGARTEN	0
FIRST GRADE	1
SECOND GRADE...	2
THIRD GRADE...	3
FOURTH GRADE	4
FIFTH GRADE..	5
SIXTH GRADE	6
SEVENTH GRADE	7
EIGHTH GRADE	8
NINTH GRADE...	9
TENTH GRADE	10
ELEVENTH GRADE	11
TWELFTH GRADE	12
DON'T KNOW	d
REFUSED	r

SOFT CHECK: IF (B14a GT B2 and B2 NE 0) or (B14a GT B4a and B4a NE 0) **I recorded that {he/she} was expelled from a higher grade than I recorded {him/her} having attended. Which do I need to fix?** Let interviewer toggle to B2 and B4a to make corrections.

ALL

B15. **Did {he/she} ever have an out-of-school suspension?** (NLTS D7H REV)

YES 1

NO.. 0   GO TO B16

DON'T KNOW .... d   GO TO B16

REFUSED .... r   GO TO B16

B15=1

B15a. **From what grade or grades was {he/she} suspended out of school?** (NLTS D7I REV)

CODE ALL THAT APPLY

PRE-KINDERGARTEN.. 98

KINDERGARTEN 0

FIRST GRADE 1

SECOND GRADE... 2

THIRD GRADE... 3

FOURTH GRADE 4

FIFTH GRADE.. 5

SIXTH GRADE 6

SEVENTH GRADE 7

EIGHTH GRADE 8

NINTH GRADE 9

TENTH GRADE 10

ELEVENTH GRADE 11

TWELFTH GRADE 12

DON'T KNOW .... d

REFUSED .... r

SOFT CHECK: IF (B15a GT B2 and B2 NE 0) or (B15a GT B4a and B4a NE 0) **I recorded that {he/she} was suspended from a higher grade than I recorded {him/her} having attended. Which do I need to fix?**   Let interviewer toggle to B2 and B4a to make corrections.

ALL
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

B16. **Has {YOUTH} been arrested in the past two years?** (NLTS, U8a)

IF NEEDED: This excludes traffic citations, other citations (such as littering or loitering), testifying, or being questioned by the police. An arrest includes being arrested with charges, being arrested without charges, or being arrested with charges dropped. An arrest is any time someone is taken into custody by police or legal authority.

YES 1

NO.. 0

DON'T KNOW .... d

REFUSED .... r

C. PARENT INVOLVEMENT AT SCHOOL

C_INTRO **The next set of questions is about your involvement in {YOUTH}'s experience at school. There are no right or wrong answers to these questions – only your experiences.**

ALL
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

C1. **Since the beginning of the 2011-2012 school year have you or another adult in the household done any of the following at {YOUTH'S} school?** (NLTS2, E1 - REV)

> NOTE: FOR HOMESCHOOLERS, ACTIVITIES WITH OTHER HOMESCHOOLERS OR EDUCATION GROUPS MAY BE INCLUDED HERE.

C2. **[IF C1=YES, ASK:] About how many times has that happened? Would you say 1-2 times, 3-4 times, 5-6 times, or more than that?**

	C1				C2					
	YES	NO	DK	REF	1-2 TIMES	3-4 TIMES	5-6 TIMES	MORE THAN 5-6 TIMES	DK	REF
a. Attended a general school meeting, for example, back to school night, or a meeting of a parent-teacher organization?...	1	0	d	r	1	2	3	4	d	r
b. Attended a school or class event, such as a play, sports event, or science fair? This can include visits to the school for other children in the family who are at this school.	1	0	d	r	1	2	3	4	d	r
c. Volunteered at the school, for example, chaperoning a class field trip, or serving on a committee?....................................	1	0	d	r	1	2	3	4	d	r
d. Gone to a parent/teacher conference with {YOUTH}'s teacher?	1	0	d	r	1	2	3	4	d	r

ALL
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

C3. **Adults differ in how much they talk to children about school. During this school year, did you or another adult in the household talk with {YOUTH} about {his/her} experiences in school? Would you say…** (NLTS2, E7)

Not at all, ... 0

Rarely, ... 1

Occasionally or 2

Regularly? 3

DON'T KNOW .... d

REFUSED .... r

ALL
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

C4. **During this school year, how often did you or another adult in the household help {YOUTH} with {his/her} homework? Would you say…** (NLTS2, E8)

Never, ... 0

Less than once a week, ... 1

1-2 times a week, ... 2

3-4 times a week, or 3

5 or more times a week? 4

DON'T KNOW .... d

REFUSED .... r

D. ABILITIES, DISABILITIES, AND SERVICES

D_INTRO **The next set of questions are about {YOUTH'S} abilities and disabilities.**

ALL
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D1. **Has a professional ever identified {YOUTH} as having a physical, sensory, learning, or other disability or problem?** (NLTS B1A REV)

YES 1

NO... 0   GO TO BOX D2 IF IEP IN SAMPLE FILE=Y. ELSE GO TO D3

DON'T KNOW .... d   GO TO BOX D2 IF IEP IN SAMPLE FILE=Y. ELSE GO TO D3

REFUSED .... r   GO TO BOX D2 IF IEP IN SAMPLE FILE=Y. ELSE GO TO D3

D1=1
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D1a. **With what physical, sensory, learning, or other disabilities or problems has {YOUTH} <u>ever</u> been identified by a professional as having?** (NLTS B1A REV)

> **PROBE:** **Any other disabilities or learning problems? That could include a speech problem.**

> **IF DISABILITY SPECIFIED IS NOT LISTED BELOW, PROBE: What condition was [YOUTH] diagnosed by a professional as having?**

IF NEVER HAD A DISABILITY, CODE AS "0".

<div align="right">CODE ALL THAT APPLY</div>

NEVER HAD A PROBLEM/DISABILITY 0   GO BACK - CORRECT D1

ASTHMA... 1

ATTENTION DEFICIT DISORDER (ADD or ADHD) 2

AUTISM SPECTRUM DISORDERS (AUTISTIC DISORDER, ASPERGER'S SYNDROME, RETT'S DISORDER, PERVASIVE DEVELOPMENTAL DISORDER, PERVASIVE DEVELOPMENTAL DISORDER NOT OTHERWISE SPECIFIED) 3

BLINDNESS (COMPLETE BLINDNESS)... 4

CEREBRAL PALSY 5

DEAFNESS 6

DEAFNESS AND BLINDNESS 7

DOWN SYNDROME.. 8

DYSLEXIA 9

EMOTIONAL DISTURBANCE/BEHAVIOR DISORDER (ED, BD, SED) 10

HARD OF HEARING/HEARING IMPAIRMENT 11

HEALTH IMPAIRMENT (SPECIFY DISEASE)... 12

_____(STRING 150)

LEARNING DISABILITY (LD) 13

INTELLECTUAL DISABILITY 14

PHYSICAL OR ORTHOPEDIC IMPAIRMENT 15

SPEECH IMPAIRMENT/COMMUNICATION IMPAIRMENT 16

SPINA BIFIDA 17

TRAUMATIC BRAIN INJURY (TBI).. 18

VISUAL IMPAIRMENT/PARTIAL SIGHT 19

DEVELOPMENTAL DELAY 20

OTHER (SPECIFY) 99

_____(STRING 150)

DON'T KNOW... d   GO TO BOX D2

REFUSED.. r   GO TO BOX D2

CATI: IF OPTION 0 IS SELECTED HAVE HARD CHECK COME UP FORCING INTERVIEWER TO UPDATE ITEM D1.

HARD CHECK: IF D1A = 0, **I'm sorry for my confusion. Did you say {YOUTH} had ever been identified as having a physical, sensory, learning, or other disability or not?**

D1a=1-3, 9-16, 18-20, OR 99

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D1b. **Does a professional identify {YOUTH} as having any of the following disabilities <u>now</u>?** (NEW)

CATI: <u>ONLY</u> SPECIFIC DISABILITY CATEGORIES WILL BE POPULATED FOR THIS ITEM (CATEGORIES WHICH MAY CHANGE OVER AN INDIVIDUAL'S LIFETIME). SEE SPECIFICATIONS ABOVE SO AS TO ONLY ASK THIS QUESTION IF THE RESPONSE OPTIONS HIGHLIGHTED BELOW WERE SELECTED IN D1a. USE THESE CATEGORIES TO POPULATE THE LIST OF APPLICABLE RESPONSE OPTIONS FOR THIS QUESTION. THE ITEMS SHOULD <u>NOT</u> BE PRESENTED IN ALL CAPS, SO AS TO ENABLE THEM TO EACH BE READ ALOUD.

                                                  CODE ALL THAT APPLY

{response category 01 FROM D1a} 1

{response category 02 FROM D1a } 2

{response category 03 FROM D1a } 3

{response category 09 FROM D1a } 4

{response category 10 FROM D1a } 5

{response category 11 FROM D1a } 6

{response category 12 FROM D1a } 7

{response category 13 FROM D1a } 8

{response category 14 FROM D1a}.................................9

{response category 15FROM D1a }.................................10

{response category 16 FROM D1a } 11

{response category 18 FROM D1a } 12

{response category 19 FROM D1a } 13

{response category 20 FROM D1a } 14

{response category 99 FROM D1a } 15

NONE OF THESE IDENTIFIED NOW 16

DON'T KNOW .... d

REFUSED .... r

D1a=1-20, 99 AND HAS >1 RESPONSE SELECTED

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D1c. **Which of those disabilities or problems that you told me about is {YOUTH}'s <u>main</u> problem or disability?** (NLTS B1B)

CATI: POPULATE THESE RESPONSE OPTIONS ONLY WITH RESPONSE OPTIONS USING ALL CAPS (SO AS NOT READ ALOUD) AS FOLLOWS: INCLUDE: ITEMS SELECTED IN D1A IF ANY OF THE FOLLOWING IN <u>D1a</u>=1 (responses: 4, 5, 6, 7, 8, 17, 99) AND FROM <u>D1b</u> WHERE ANY OF THE RESPONSE OPTION (1-15) = 1.

<u>CODE ONE ONLY</u>

ASTHMA..1

ATTENTION DEFICIT DISORDER (ADD or ADHD).............2

AUTISM SPECTRUM DISORDERS (AUTISTIC DISORDER, ASPERGER'S SYNDROME, RETT'S DISORDER, PERVASIVE DEVELOPMENTAL DISORDER, PERVASIVE DEVELOPMENTAL DISORDER NOT OTHERWISE SPECIFIED)...3

BLINDNESS (COMPLETE BLINDNESS) 4

CEREBRAL PALSY..5

DEAFNESS 6

DEAFNESS AND BLINDNESS 7

DOWN SYNDROME 8

DYSLEXIA 9

EMOTIONAL DISTURBANCE/BEHAVIOR DISORDER (ED, BD, SED)..10

HARD OF HEARING/HEARING IMPAIRMENT....................11

HEALTH IMPAIRMENT (SPECIFY DISEASE) 12

_____(STRING 150)

LEARNING DISABILITY (LD)..13

INTELLECTUAL DISABILITY..14

PHYSICAL OR ORTHOPEDIC IMPAIRMENT.......................15

SPEECH IMPAIRMENT/COMMUNICATION IMPAIRMENT 16

SPINA BIFIDA 17

TRAUMATIC BRAIN INJURY (TBI)......................................18

VISUAL IMPAIRMENT/PARTIAL SIGHT 19

DEVELOPMENTAL DELAY 20

OTHER (SPECIFY) 99

_____(STRING 150)

EQUALLY SEVERE.. 21

DON'T KNOW .... d

REFUSED .... r

BOX D2

IF IEP FROM SAMPLE = Y AND D1=0, D, R GO TO D2_INTRO1

ELSE CONTINUE TO D2

IEP IN SAMPLE FILE (<IEP>=Y) AND D1=0, D, R

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D2_Intro1 **Records from the school or school district indicate that at the beginning of the school year (2011-2012), {YOUTH} received special education services. Is that correct?** (NLTSBCINTRO, REV)

```
YES ............................................................... 1
NO.................................................................. 0    GO TO D3
DON'T KNOW ............................................... d    GO TO D3
REFUSED ...................................................... r    GO TO D3
```

D2_INTRO1=1
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D2_Intro3   **What did {YOUTH} receive special education services for?**

ASTHMA..1

ATTENTION DEFICIT DISORDER (ADD or ADHD).............2

AUTISM SPECTRUM DISORDERS (AUTISTIC DISORDER, ASPERGER'S SYNDROME, RETT'S DISORDER, PERVASIVE DEVELOPMENTAL DISORDER, PERVASIVE DEVELOPMENTAL DISORDER NOT OTHERWISE SPECIFIED)..3

BLINDNESS (COMPLETE BLINDNESS) 4

CEREBRAL PALSY..5

DEAFNESS 6

DEAFNESS AND BLINDNESS 7

DOWN SYNDROME 8

DYSLEXIA 9

EMOTIONAL DISTURBANCE/BEHAVIOR DISORDER (ED, BD, SED)...10

HARD OF HEARING/HEARING IMPAIRMENT.....................11

HEALTH IMPAIRMENT (SPECIFY DISEASE) 12

_____(STRING 150)

LEARNING DISABILITY (LD)...13

INTELLECTUAL DISABILITY...14

PHYSICAL OR ORTHOPEDIC IMPAIRMENT.......................15

SPEECH IMPAIRMENT/COMMUNICATION IMPAIRMENT 16

SPINA BIFIDA 17

TRAUMATIC BRAIN INJURY (TBI).......................................18

VISUAL IMPAIRMENT/PARTIAL SIGHT 19

DEVELOPMENTAL DELAY 20

OTHER (SPECIFY) 99

_____(STRING 150)

DON'T KNOW..d

REFUSED..r

D1=1

POPULATE RESPONSE OPTIONS WITH SAME LOGIC AS D1c [ITEMS SELECTED IN D1A IF ANY OF THE FOLLOWING I
D1a=1 (responses: 4, 5, 6, 7, 8, 17, 99) AND FROM D1b WHERE ANY OF THE RESPONSE OPTION (1-15) = 1

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D2. **As of the beginning of the 2011-12 school year, did {YOUTH} receive special education services for…** (NLTS B1C, rev)

		YES	NO	NEVER DID	DK	REF
a.	{response category 01 FROM D1c}	1	0	99	d	r
b.	{ response category 02 FROM D1c}	1	0	99	d	r
c.	{ response category 03 FROM D1c}	1	0	99	d	r
d.	{ response category 04 FROM D1c}	1	0	99	d	r
e.	{ response category 05 FROM D1c}	1	0	99	d	r
f.	{ response category 06 FROM D1c}	1	0	99	d	r
g.	{ response category 07 FROM D1c}	1	0	99	d	r
h.	{ response category 08 FROM D1c}	1	0	99	d	r
i.	{ response category 09 FROM D1c}	1	0	99	d	r
j.	{ response category 10 FROM D1c}	1	0	99	d	r
k.	{ response category 11 FROM D1c}	1	0	99	d	r
l.	{ response category 12 FROM D1c}	1	0	99	d	r
m.	{ response category 13 FROM D1c}	1	0	99	d	r
n.	{ response category 14 FROM D1c}	1	0	99	d	r
o.	{ response category 15 FROM D1c}	1	0	99	d	r
p.	{ response category 16 FROM D1c}	1	0	99	d	r
q.	{ response category 17 FROM D1c}	1	0	99	d	r
r.	{ response category 18 FROM D1c}	1	0	99	d	r
s.	{ response category 19 FROM D1c}	1	0	99	d	r
t.	{ response category 20 FROM D1c}	1	0	99	d	r
u.	{ response category 99 FROM D1c}	1	0	99	d	r

(D2= 0, 99, d, r for all items populated a-u) OR (D2_INTRO1 = 0, D, R) OR (IEP=N AND D1=0,D,R
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D3. **Did {YOUTH} <u>ever</u> receive special education services or have an IEP (Individualized Education Program)?** (NEW)

IF NEEDED: "IEP" stands for an Individualized Education Program. An IEP is a written statement for each student with a disability that sets goals for the student in school, says how progress will be measured, describes the special education and related services the school will provide, how much the student will be in the regular class with nondisabled students, and lists accommodations or modifications needed to measure what the student knows through tests. After a student turns 16, the IEP must also include goals for what the student will do after high school and services needed to help the student reach those goals.

YES 1

NO 0   GO TO D6

DON'T KNOW .... d   GO TO D6

REFUSED .... r   GO TO D6

(D1 = 1) OR (D2_INTRO1=1) OR (D2 = 1 FOR ANY CATEGORY) OR (D3=1)
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D4. **At what point in {YOUTH}'s life did it become apparent that {he/she} had a disability, problem, or condition?**

IF NEEDED: About how old was {YOUTH} when {he/she} started having this difficulty or condition? (NLTS B2A, REV)

IF NEEDED: **If it's easier to remember {YOUTH's} grade level at that time, please give me that information.** IF RESPONDENT SAYS, LESS THAN 1 YEAR OLD, THEN SELECT AGE AND THEN ENTER "0". SELECT GRADE LEVEL AND USE 0 FOR KINDERGARTEN AND 98 FOR PRE-KINDERGARTEN

|__|__| AGE (0-21)

|__|__| GRADE LEVEL (0-13, 98)

DON'T KNOW .... d

REFUSED .... r

CATI: ALLOW RESPONDENT TO PROVIDE RESPONSE IN AGE OR GRADE LEVEL FORMAT. FIRST PRESENT RESPONSE OPTIONS TO INTERVIEWER (AGE, GRADE LEVEL) THEN INTERVIEWER SELECTS CATEGORY RESPONSE WAS PROVIDED IN AND THE NEXT ITEM RECORDS THE QUANTITY, WITH THE APPROPRIATE RANGES ALLOWABLE, AS SPECIFIED FOR EACH ABOVE).

SOFT CHECK: IF (D4 reported as age GT age in A12 or A12a) or (D4 reported as grade is GT B2 and B2 NE 0) or (D4 GT B4a and B4a NE 0) **That is later than I have (his/her) current (age/grade) recorded as being. Which do I need to fix?**   Let interviewer toggle to B2 and B4a to make corrections.

D2_INTRO1=1 OR D2 = 1 FOR ANY CATEGORY OR D3 =1
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D4a. **About how old was {YOUTH} when {he/she} started receiving special education services from a professional?** (NEW)

> **[IF NEEDED:** **If it's easier to remember {HIS/HER} grade level at that time, please give me that information.** IF RESPONDENT SAYS, LESS THAN 1 YEAR OLD, THEN SELECT AGE AND THEN ENTER "0". SELECT GRADE LEVEL AND USE 0 FOR KINDERGARTEN AND 98 FOR PRE-KINDERGARTEN

|__|__| AGE (0-21)

|__|__| GRADE LEVEL (0-13, 98)

DON'T KNOW .... d

REFUSED .... r

CATI: ALLOW RESPONDENT TO PROVIDE RESPONSE IN AGE OR GRADE LEVEL FORMAT. FIRST PRESENT RESPONSE OPTIONS TO INTERVIEWER (AGE, GRADE LEVEL) THEN INTERVIEWER SELECTS CATEGORY RESPONSE WAS PROVIDED IN AND THE NEXT ITEM RECORDS THE QUANTITY, WITH THE APPROPRIATE RANGES ALLOWABLE, AS SPECIFIED FOR EACH ABOVE).

SOFT CHECK: IF (D4a reported as age GT age in A12 or A12a) or (D4a GT B2 and B2 NE 0) or (D4a GT B4a and B4a NE 0) That is later than I have (his/her) current (age/grade) recorded as being. Which do I need to fix?   **Let interviewer toggle to B2 and B4a to make corrections.**

D3=1
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D5. **As of the beginning of the 2011-12 school year, did {YOUTH} still receive special education services and have an IEP?** (NEW)

YES 1   GO TO D6

NO... 0

DON'T KNOW .... d   GO TO D6

REFUSED .... r   GO TO D6

(D5=0)
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D5a.   **About how old was {YOUTH} when the IEP and special education services ended?**
(NEW)

**[IF NEEDED: If it's easier to remember the YOUTH's grade level at that time, please
give me that information.** IF RESPONDENT SAYS, LESS THAN 1 YEAR
OLD, THEN SELECT AGE AND THEN ENTER "0". SELECT GRADE LEVEL
AND USE 0 FOR KINDERGARTEN AND 98 FOR PRE-KINDERGARTEN

|__|__| AGE (0-21)

|__|__| GRADE LEVEL (0-13, 98)

DON'T KNOW .... d

REFUSED .... r

CATI: ALLOW RESPONDENT TO PROVIDE RESPONSE IN AGE OR GRADE LEVEL FORMAT. FIRST
PRESENT RESPONSE OPTIONS TO INTERVIEWER (AGE, GRADE LEVEL) THEN
INTERVIEWER SELECTS CATEGORY RESPONSE WAS PROVIDED IN AND THE NEXT ITEM
RECORDS THE QUANTITY, WITH THE APPROPRIATE RANGES ALLOWABLE, AS SPECIFIED
FOR EACH ABOVE).

SOFT CHECK: IF (D5a reported as age GT age in A12 or A12a) or (D5a GT B2 and B2 NE 0) or (D5a GT B4a and B4a NE 0) That is later than I have (his/her) current (age/grade) recorded as being. Which do I need to fix?   **Let interviewer toggle to B2 and B5a to make corrections.**

(D5=0) OR (D2a-u (any item) = 0 FOR ALL)

D5b. **Why is {he/she} no longer receiving special education services?** (NLTS D8B REV)

CODE ALL THAT APPLY

NO LONGER NEEDS SPECIAL SERVICES	1
MET IEP GOALS..	2
YOUTH WAS DECLASSIFIED, SCHOOL SAYS NO LONGER NEEDS SERVICES	3
NO LONGER ELIGIBLE, DOESN'T QUALIFY.............	4
SCHOOL DOESN'T HAVE THE PROGRAMS {YOUTH} NEEDS	5
PARENT DOESN'T WANT YOUTH IN SPECIAL EDUCATION	6
YOUTH DID NOT WANT TO BE IN SPECIAL EDUCATION	7
YOUTH NOW HAS A 504 PLAN.................................	8 GO TO D6a
DOESN'T THINK YOUTH EVER WAS IN SPECIAL EDUCATION	9
YOUTH HOME SCHOOLED BY PARENT...................	10
YOUTH NO LONGER IN SCHOOL	11
OTHER (SPECIFY)	99
_____ (STRING 150)	
DON'T KNOW	d
REFUSED	r

ALL - EXCEPT D5b=8

D6. **Has {he/she} <u>ever</u> had a Section 504 plan?** (NEW)

PROBE: A Section 504 plan, which falls under civil-rights law, removes barriers so students with disabilities can participate in school as freely as possible. This may include students who do not need an IEP but may need extra help or assistance to participate fully in school. Such help may include more time on tests, or sitting in the front of the classroom. An IEP is more concerned with providing educational services.

YES	1	
NO..	0	GO TO D7_INTRO
DON'T KNOW	d	GO TO D7_INTRO
REFUSED	r	GO TO D7_INTRO

D6=1 or D5b=8
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D6a. **About how old was {YOUTH} when the Section 504 plan began?** (NEW)

[IF NEEDED: **If it's easier to remember {YOUTH}'s grade level at that time, please give me that information.** IF RESPONDENT SAYS, LESS THAN 1 YEAR OLD, THEN SELECT AGE AND THEN ENTER "0". SELECT GRADE LEVEL AND USE 0 FOR KINDERGARTEN AND 98 FOR PRE-KINDERGARTEN

|__|__| AGE (0-21)

|__|__| GRADE LEVEL (0-13, 98)

DON'T KNOW .... d

REFUSED .... r

CATI:　　　ALLOW RESPONDENT TO PROVIDE RESPONSE IN AGE OR GRADE LEVEL FORMAT. FIRST PRESENT RESPONSE OPTIONS TO INTERVIEWER (AGE, GRADE LEVEL) THEN INTERVIEWER SELECTS CATEGORY RESPONSE WAS PROVIDED IN AND THE NEXT ITEM RECORDS THE QUANTITY, WITH THE APPROPRIATE RANGES ALLOWABLE, AS SPECIFIED FOR EACH ABOVE).

SOFT CHECK: IF (D6a reported as age GT age in A12 or A12a) or (D6a GT B2 and B2 NE 0) or (D6a GT B4a and B4a NE 0) That is later than I have (his/her) current (age/grade) recorded as being. Which do I need to fix?

D6=1 or D5b=8

D6b. **As of the beginning of the 2011-12 school year, did {he/she} still have a Section 504 plan?** (NEW)

YES .... 1　　GO TO D7_INTRO

NO 0

DON'T KNOW .... d　　GO TO D7_INTRO

REFUSED .... r　　GO TO D7_INTRO

D6b=0

D6c.   **About how old was {YOUTH} when the Section 504 plan ended?** (NEW)

       [IF NEEDED: **If it's easier to remember {YOUTH}'s grade level at that time, please give me that information.** IF RESPONDENT SAYS, LESS THAN 1 YEAR OLD, THEN SELECT AGE AND THEN ENTER "0". SELECT GRADE LEVEL AND USE 0 FOR KINDERGARTEN AND 98 FOR PRE-KINDERGARTEN

        |__|__| AGE (0-21)

        |__|__| GRADE LEVEL (0-98)

        DON'T KNOW .... d

        REFUSED .... r

CATI: CHECK THAT AGE OR GRADE LISTED IS $\geq$ AGE OR GRADE PROVIDED IN D6a. IF <, THEN SEND EDIT HARD EDIT CHECK MESSAGE AS FOLLOWS: AGE/GRADE SERVICES ENDED CANNOT NOT BE LESS THAN AGE/GRADE WHEN THEY STARTED.

SOFT CHECK: IF (D6c reported as age GT age in A12 or A12a) or (D6c GT B2 and B2 NE 0) or (D6c GT B4a and B4a NE 0) That is later than I have (his/her) current (age/grade) recorded as being. Which do I need to fix?

D6b=0

D6d.   **Why does {he/she} no longer have a Section 504 plan?** (NLTS D8B REV)

                                        CODE ALL THAT APPLY

        NO LONGER NEEDS ACCOMMODATIONS 1

        SCHOOL SAYS NO LONGER NEEDS ACCOMMODATIONS.. 2

        NO LONGER ELIGIBLE, DOESN'T QUALIFY 3

        PARENT DOESN'T WANT YOUTH TO RECEIVE ACCOMMODATIONS.. 4

        YOUTH DOES NOT WANT TO RECEIVE ACCOMMODATIONS.. 5

        YOUTH CHANGED SCHOOLS (DID NOT REQUEST SPECIAL SERVICES OR NEW SCHOOL DID NOT IDENTIFY [YOUTH] AS NEEDING SPECIAL SERVICES) 6

        DOESN'T THINK YOUTH EVER HAD A 504 PLAN.. 7

        YOUTH HOME SCHOOLED BY PARENT................... 8

        YOUTH NO LONGER IN SCHOOL 9

        DON'T KNOW .... d

        REFUSED .... r

ALL
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D7_INTRO. **Now I want to ask you about how well {YOUTH} does some things.**

D7. **First, I'll ask about {YOUTH's} vision. Wearing glasses or contacts if {he/she} uses them, how well does {YOUTH } see?** (NLTS B3C rev)

<div style="text-align:right">CODE ONE ONLY</div>

Sees normally, ... 1	GO TO D9_INTRO
has a little trouble seeing, ... 2	GO TO D9_INTRO
has a lot of trouble seeing, or 3	
doesn't see at all? 4	
DON'T KNOW .... d	
REFUSED .... r	

D7=3,4,D,R
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D8. **Does {YOUTH} use… (NLTS B3D)**

	YES	NO	DK	REF
a. Braille?	1	0	d	r
b. IF D8 PART = 1, ASK: A portable Braille note taker or writer?....................	1	0	d	r
c. Large print type?	1	0	d	r
d. Optical devices, such as near vision magnification, telescopic devices, or bioptic lenses?	1	0	d	r
e. Mobility devices, such as a cane, or electronic travel aids?	1	0	d	r
f. Assistive technology, such as voice synthesizers or software to enlarge the size of the print on the computer screen?..	1	0	d	r
g. Any other devices to help {him/her} see or read? SPECIFY	1	0	d	r
_____(CATI: STRING 150 CHAR)				

ALL
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D9. **Would you say {YOUTH}…**

[IF NEEDED: **This assessment should be made of {YOUTH's} hearing without any hearing devices like a hearing aid.]** (NLTS B4A)

CODE ONE ONLY

Hears normally, or 1   GO TO D17

Has a hearing problem? 0

DON'T KNOW .... d   GO TO D17

REFUSED .... r   GO TO D17

D9=0
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D10. **Is {YOUTH}'s hearing loss…** (NLTS B4B)

CODE ONE ONLY

Mild, ... 1

Moderate, or 2

Severe to profound? 3

DON'T KNOW .... d

REFUSED .... r

D9=0

D11. **Has a hearing aid or other kind of hearing device been prescribed for {him/her}?** (NLTS B4C)

YES 1

NO 0   GO TO D12

DON'T KNOW .... d   GO TO D12

REFUSED .... r   GO TO D12

D11=1

D11a. **How well does {YOUTH} hear with the hearing device? Would you say {he/she}…**
(NLTS B4D)

CODE ONE ONLY

Hears normally,... 1

Has a little trouble hearing,..................................... 2

Has a lot of trouble hearing, or 3

Doesn't hear at all?.. 4

DOES NOT HAVE ONE... 5

WILL NOT WEAR IT 6

DON'T KNOW .... d

REFUSED .... r

D9 = 0

D12. **Does {YOUTH} have a cochlear implant?**

IF NEEDED: A cochlear implant is a surgically implanted electronic device that can restore partial hearing to people with some hearing impairments. (NLTS B4E)

YES 1

NO.. 0

DON'T KNOW .... d

REFUSED .... r

D9 = 0

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D13. **How well does {YOUTH} communicate by any means? Would you say {he/she}…**
(NLTS B4F)

CODE ONE ONLY

Has no trouble communicating, ... 1

Has a little trouble communicating,......................... 2

Has a lot of trouble communicating, or.................. 3

Doesn't communicate at all? 4   GO TO D16

DON'T KNOW .... d

REFUSED .... r

D13 ≠ 4

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D13a. **Now I'd like to ask about ways that {he/she} may communicate. Does {YOUTH} use…**
(NLTS B4G)

	YES	NO	DK	REF
a. Sign language or manual communication?	1	0	d	r
b. Lip reading?	1	0	d	r
c. Cued speech?	1	0	d	r
d. Oral speech [TALKING]?	1	0	d	r
e. A communication board or book?	1	0	d	r
f. Anything else to help {him/her} communicate? SPECIFY	1	0	d	r

_____

BOX D14

IF D13A PART D= 1 GO TO D14. ELSE GO TO D16.

D13A PART D= 1

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D14. **How clearly does {YOUTH} speak? Would you say {he/she}…** (NLTS B4H)

CODE ONE ONLY

Has no trouble speaking clearly, ... 1

Has a little trouble speaking, ... 2

Has a lot of trouble speaking, or 3

Does not speak at all? 4

DON'T KNOW .... d

REFUSED .... r

D14 ≠ 4

D15. **How well does {he/she} carry on an oral conversation? Would you say {he/she}…**
(NLTS B4I, rev)

CODE ONE ONLY

Has no trouble carrying on an oral conversation, ... 1

Has a little trouble carrying on an oral conversation, ... 2

**Has a lot of trouble carrying on an oral conversation,
or** 3

Doesn't carry on an oral conversation at all? 4

DON'T KNOW .... d

REFUSED .... r

D9=0

D16. **How well does {YOUTH} understand what people say to {him/her}? Would you say {he/she}…** (NLTS B4J)

CODE ONE ONLY

Has no trouble understanding what others say, ... 1

Has a little trouble understanding, ... 2

Has a lot of trouble understanding, or 3

Doesn't understand at all? 4

DON'T KNOW .... d

REFUSED .... r

BOX D17

THIS LOGIC SEPARATES THOSE WHO HAVE HEARING IMPAIRMENTS FROM THOSE WHO DO NOT. THOSE WITH HEARING IMPAIRMENTS CONTINUE WITH D19, PHYSICAL ABILITIES. IF D9 = 0, GO TO D19. ELSE GO TO D17.

D9=1,D,R

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D17. **My next questions are about {YOUTH's} ability to use language. How clearly does {he/she} speak? Would you say {he/she}…** (NLTS B5A)

CODE ONE ONLY

Has no trouble speaking clearly, ... 1   GO TO D18

Has a little trouble speaking, ... 2   GO TO D18

Has a lot of trouble speaking, or 3

Does not speak at all? 4

DON'T KNOW .... d

REFUSED .... r

D17=3,4,D,R

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D17a. **How well does {YOUTH} communicate by any means? Would you say {he/she}…** (NLTS B5B)

CODE ONE ONLY

Has no trouble communicating, ... 1

Has a little trouble communicating, ... 2

Has a lot of trouble communicating, or 3

Doesn't communicate at all? 4   GO TO D18a

DON'T KNOW .... d

REFUSED .... r

D17=3,4,D,R AND D17A ≠ 4

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D17b. **Now I'd like to ask about ways that {he/she} may communicate with you. Does {YOUTH} use…** (NLTS B5C)

	YES	NO	DK	REF
a. Words?	1	0	d	r
b. Sounds that are not words?	1	0	d	r
c. Gestures, including pointing?	1	0	d	r
d. Sign language?	1	0	d	r
e. A communication board or book?	1	0	d	r
f. A computer to communicate with you?	1	0	d	r
g. Anything else to help {him/her} communicate? SPECIFY _____(CATI: STRING 150 CHAR)	1	0	d	r

D17A ≠ 4

D18. **How well does {he/she} carry on a conversation? Would you say {he/she}…** (NLTS B4I)

CODE ONE ONLY

Has no trouble carrying on a conversation, ... 1

Has a little trouble carrying on a conversation,....... 2

Has a lot of trouble carrying on a conversation, or. 3

Doesn't carry on a conversation at all? 4

DON'T KNOW .... d

REFUSED .... r

D9=1,D,R

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D18a. **How well does {YOUTH} understand what people say to {him/her}? Would you say {he/she}…** (NLTS B4J)

CODE ONE ONLY

Has no trouble understanding what others say, ... 1

Has a little trouble understanding, ... 2

Has a lot of trouble understanding, or 3

Doesn't understand at all?....................................... 4

DON'T KNOW .... d

REFUSED .... r

ALL

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D19. **How well does {YOUTH} use both of {his/her} arms and hands? Would you say {he/she} uses both arms and hands normally?**

IF NEEDED: **If there is a difference for either arm or hand, refer to the side on which (YOUTH) is experiencing the most difficulty. Do not include temporary difficulties, such as a broken arm.** (NLTS B6C, REV)

IF YOUTH IS MISSING A HAND OR ARM CODE AS 2

YES 1   GO TO D20

NO 0

HAS NO USE OF ONE OR BOTH HANDS OR
ARMS 2   GO TO D20

DON'T KNOW .... d   GO TO D20

REFUSED .... r   GO TO D20

D19=0

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D19a. **Can {YOUTH} use {his/her} arms and hands normally for things like using a spoon or holding a pencil?** (NLTS B6A, REV)

IF NEEDED: **If there is a difference for either arm or hand, refer to the side on which [YOUTH] is experiencing the most difficulty. Do not include temporary difficulties, such as a broken arm.**

YES 1

NO 0

DON'T KNOW .... d

REFUSED .... r

D19=0

D19b. **Can {he/she} use {his/her} arms and hands normally for things like throwing, lifting, or carrying?** IF NEEDED: **If there is a difference for either arm or hand, refer to the side on which (YOUTH) is experiencing the most difficulty. Do not include temporary difficulties, such as a broken arm.** (NLTS B6B, REV)

YES 1

NO 0

DON'T KNOW .... d

REFUSED .... r

ALL
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D20. **How well does {YOUTH} use both of {his/her} legs and feet? Would you say {he/she} uses both legs and feet normally?** IF NEEDED: **If there is a difference for either leg or foot, refer to the side on which (YOUTH) is experiencing the most difficulty. Do not include temporary difficulties, such as a broken leg.** (NLTS B6C)

    YES 1   GO TO D21

    NO.. 0

    HAS NO USE OF ONE OR BOTH LEGS OR FEET 2

    DON'T KNOW .... d   GO TO D21

    REFUSED .... r   GO TO D21

D20=0, 2

D20a. **Does {he/she} use any equipment to help {him/her} get around, such as crutches, a wheelchair, or prosthetics?** (NLTS B6D, rev)

    YES 1

    NO.. 0   GO TO D21

    DON'T KNOW .... d   GO TO D21

    REFUSED .... r   GO TO D21

D20a=1

D20b. **What is the equipment {he/she} uses to get around?** (NLTS B6E)

                                       CODE ALL THAT APPLY

    CRUTCHES... 1

    WALKER 2

    LEG BRACES.. 3

    WHEELCHAIR... 4

    CANE 5

    PROSTHETICS 6

    OTHER (SPECIFY) 99

    _____(STRING 150)

    DON'T KNOW .... d

    REFUSED .... r

ALL
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D21. **Now I have some questions about {YOUTH}'s health. Would you say {his/her} general health is…** (NLTS B7A)

CODE ONE ONLY

Excellent,...	1
Very good,...	2
Good,...	3
Fair, or...	4
Poor?...	5
DON'T KNOW	d
REFUSED	r

ALL
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D22. **Does {YOUTH} have a chronic physical or mental health condition that requires <u>regular</u> treatment or medical care?** (NEW)

YES	1
NO...	0
DON'T KNOW	d
REFUSED	r

ALL

D22a. **Is most of {his/her} health care currently provided by a pediatrician or an adult care physician or specialist?** (CSHCN)

IF NEEDED: A pediatrician is a doctor who generally treats children under the age of 18.

PEDIATRICIAN OR PEDIATRIC SPECIALIST	1	
ADULT CARE PHYSICIAN OR SPECIALIST	2	GO TO D23
DON'T KNOW	d	GO TO D23
REFUSED	r	GO TO D23

D22a = 1

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D22b. **(Has/Have) [YOUTH]'s doctor(s) or other health care provider(s) talked with you or [YOUTH] about how {his/her} health care needs might change when {he/she} becomes an adult?** (CSHCN)

> YES 1
>
> NO.. 0
>
> DON'T KNOW .... d
>
> REFUSED .... r

ALL

D23. **Is {he/she} taking any prescription medicine that controls {his/her} attention, behavior, or activity level, or changes {his/her} mood, such as Ritalin or an antidepressant?** (NLTS B7C)

> YES 1
>
> NO.. 0
>
> DON'T KNOW .... d
>
> REFUSED .... r

BOX D24
IF D21=1 (DESCRIBE YOUTH'S HEALTH AS EXCELLENT), GO TO BOX D25. ELSE GO TO D24.

D21 ≠ 1

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D24. **Does {YOUTH} use any kind of medical equipment or device, like an oxygen tank or a catheter? This does not include mobility devices, like a wheelchair, walker, or cane.** (NLTS B7F)

> YES 1
>
> NO.. 0
>
> DON'T KNOW .... d
>
> REFUSED .... r

BOX D25
IF (D1A = 3,4,5,7,8,12,14,15,17-20,99) OR (D2_INTRO3 = 3,4,5,7,8,12,14,15,17-20,99 (AUTISM, BLINDNESS OR VISUAL IMPAIRMENT, CP, DEVELOPMENTAL DELAY, DOWN SYNDROME, HEALTH IMPAIRMENT, INTELLECTUAL DISABILITY, PHYSICAL OR ORTHOPEDIC IMPAIRMENT, SPINA BIFIDA, TBI, OR MULTIPLE) GO TO D25.   ELSE, GO TO D26.

(D1A = 3,4,5,7,8,12,14,15,17-20,99) OR D2_INTRO3 = 3,4,5,7,8,12,14,15,17-20,99 (AUTISM, BLINDNESS OR VISUAL IMPAIRMENT, CP, DEVELOPMENTAL DELAY, DOWN SYNDROME, HEALTH IMPAIRMENT, INTELLECTUAL DISABILITY, PHYSICAL OR ORTHOPEDIC IMPAIRMENT, SPINA BIFIDA, TBI, OR MULTIPLE)

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D25. **How well does {YOUTH}…READ EACH ITEM …on {his/her} own, without help? Would you say {he/she} does it very well, pretty well, not very well, or not at all well?** (NLTS G3, REV)

IF NEEDED: **Reminders, prompts, and supervision are considered "help."**

		VERY WELL	PRETTY WELL	NOT VERY WELL	NOT AT ALL WELL	NOT ALLOWED	DK	REF
a.	Dress {himself/herself} completely	1	2	3	4	5	d	r
b.	Feed {himself/herself} completely	1	2	3	4	5	d	r
c.	Read and understand common signs, like Stop, Men, Women, or Danger	1	2	3	4	5	d	r
d.	Count change or ensure {he/she} is given proper change when making a purchase......	1	2	3	4	5	d	r
e.	Look up telephone numbers and use the telephone..	1	2	3	4	5	d	r

ALL

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D26. **How well does{YOUTH} do each of the following items on {his/her} own, without help? READ STATEMENTS. CODE ONE RESPONSE FOR EACH.**

Would you say {he/she} does it very well, pretty well, not very well, or not at all well? (NLTS G4, rev)

IF NEEDED: **Reminders, prompts, and supervision are considered "help."**

		VERY WELL	PRETTY WELL	NOT VERY WELL	NOT AT ALL WELL	NOT ALLOWED	DK	REF
a.	Use an ATM or cash machine..................	1	2	3	4	5	d	r
b.	Make appointments, such as with a doctor, dentist, or potential employer.......	1	2	3	4	5	d	r
c.	Get to places outside the home, like to school, to a nearby store or park, or to a neighbor's house.....................................	1	2	3	4	5	d	r

ALL

D27. **When the following chores need doing, about how often, on {his/her} own, does {he/she}…** READ STATEMENTS. CODE ONE RESPONSE FOR EACH. **Would you say always, usually, sometimes, or never?** (NLTS G5)

IF NEEDED: **Reminders, prompts, and supervision are considered "help."**

		ALWAYS	USUALLY	SOMETIMES	NEVER	DK	REF
a.	Fix {his/her} own breakfast or lunch? ...	1	2	3	4	d	r
b.	Do laundry?	1	2	3	4	d	r
c.	Straighten up {his/her} own room or living area?	1	2	3	4	d	r
d.	Buy a few things at the store {he/she} needs?	1	2	3	4	d	r

---

BOX D28
IF D5 = 1 OR D6B = 1 OR D2INTRO_1 = 1 OR D2 ANY PART A-U = 1, GO TO D28.
ELSE IF D1=1 OR D2_INTRO1=1 OR D3=1 OR D6 = 1, GO TO D31.
ELSE, GO TO D32.

D5 = 1 OR D6B = 1 OR D2INTRO_1 = 1 OR D2 ANY PART A-U =1

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D28. **The next questions are about assistive technology. Assistive technology is any object, piece of equipment, or product that is used to increase, maintain, or improve functional capabilities of individuals with disabilities. Does {YOUTH} use any assistive technology at school?** (NEW)

PROBE: **Assistive technology is not only computers. The equipment can be shared with others. Usually the need for assistive technology is written in an IEP.**

YES 1

NO 0   GO TO D31

DON'T KNOW .... d   GO TO D31

REFUSED .... r   GO TO D31

D28 = 1

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D29. **What technology does {YOUTH} use? What is the device called? If {YOUTH} uses more than one device, please tell us about the one specified in {his/her} IEP or that is most important for {YOUTH}'s education.** (NEW)

_____(STRING 150)
USE AS REFERENCE IN QUESTIONS THAT FOLLOW

DON'T KNOW .... d

REFUSED .... r

D28 = 1
Fill device from D29

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D30. **Does {YOUTH} bring the [FILL DEVICE FROM D29] home?**

YES 1

NO.. 0   GO TO D31

DON'T KNOW .... d   GO TO D31

REFUSED .... r   GO TO D31

D30=1
Fill device from D29

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D30a. **Was someone in the household trained on using, or helping {YOUTH} use, the [FILL DEVICE FROM D29]?**

YES 1

NO.. 0

DON'T KNOW .... d

REFUSED .... r

D1=1 OR D2INTRO1 =1 OR D3=1 OR D6 = 1
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D31. **During the past 12 months, has {YOUTH} received any of the following accommodations or services through school?** (NLTS H1A REV and teacher B8 REV)

	YES	NO	DK	REF
a. More time in taking tests	1	0	d	r
b. Modified tests or alternate tests or assessments..................................	1	0	d	r
c. Additional time to complete assignments..	1	0	d	r
d. Shorter or different assignments..	1	0	d	r
e. Teacher's aide, instructional assistant, or other personal aide or assistant	1	0	d	r
f. Books on tape, CD, in Braille, large print, or in another alternate format	1	0	d	r
g. Use of a computer or calculator for activities not allowed other students.............	1	0	d	r
h. Reader or interpreter, including sign language	1	0	d	r
i. Tutor...	1	0	d	r
j. Psychological or mental health services or counseling	1	0	d	r
k. Speech or language therapy, or communication services	1	0	d	r
l. Audiology services for hearing problems..	1	0	d	r
m. Vision services, such as Braille instruction	1	0	d	r
n. Physical or occupational therapy	1	0	d	r
o. Orientation and mobility services (to help individuals navigate their environment)	1	0	d	r
p. Nursing care...	1	0	d	r
q. Special transportation because of disability...	1	0	d	r
r. Other accommodations or services through school SPECIFY_____ (STRING 100)	1	0	d	r

(B2 OR B4A = 9-13) OR ((AGE IN A12 OR A12A >= 14) AND (B2 OR B4A = 0,14,99))

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D32. **I am going to read a list of programs and services schools may offer to help students prepare for life after high school. For each, please tell me whether or not [YOUTH] has taken part during this school year (2011-2012).**

Has {he/she} taken part in a program or service that provides … (NEW)

		YES	NO	DK	REF
a.	Catch-up courses or double-dosing of classes during the regular school day?	1	0	d	r
b.	Supplemental instruction or tutoring in academic subjects before or after school?	1	0	d	r
c.	Supplemental instruction or tutoring in academic subjects on weekends?	1	0	d	r
d.	ASK IF (B2 OR B4A = 10-13) OR ((AGE IN A12 OR A12A >= 15) AND (B2 OR B4A = 0,14,99)): Help with signing up for standardized college entrance tests—reminders, aid with test taking fees, prep courses?...	1	0	d	r
e.	ASK IF (B2 OR B4A = 11-13) OR ((AGE IN A12 OR A12A >= 16) AND (B2 OR B4A = 0,14,99)): Help with financial aid forms, comparing financial aid packages?.................	1	0	d	r
f.	ASK IF D5 = 1 OR D2INTRO_1 = 1 OR D2 ANY PART A-U =1: Help connecting students to outside transition services, supports, or activities (e.g., tutoring, mentoring, transportation, assistive technology, networking)?	1	0	d	r
g.	ASK IF (D5 = 1 OR D2INTRO_1 = 1 OR D2 ANY PART A-U =1) AND ((B2 OR B4A = 11-13) OR ((AGE IN A12 OR A12A >= 17) AND (B2 OR B4A = 0,14,99))): Help with connecting to adult residential providers and day services?	1	0	d	r
h.	ASK IF D5 = 1 OR D2INTRO_1 = 1 OR D2 ANY PART A-U =1: Help developing capability to dress, clean, care for self	1	0	d	r

D5=1 OR D6B=1 OR ANY ITEM D2A-U=1 OR D2_INTRO1 = 1

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

D33. **As {YOUTH}'s parent or guardian, during the last school year (2011-2012), did you receive any classes or counseling on [YOUTH]'s rights and responsibilities under disability-related laws?** (NEW)

YES 1

NO.. 0

DON'T KNOW .... d

REFUSED .... r

E. EXPERIENCE WITH THE IEP, 504 PLAN, AND SCHOOL SUPPORTS

BOX E1
IF D5 = 1 OR D2_INTRO1 =1 OR ANY ITEM D2A-U=1 , GO TO E1. ELSE, GO TO F_INTRO.

D5=1 OR D2_INTRO1 =1 OR ANY ITEM D2A-U=1
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

E1. During this or last school year, did you or another adult in the household go to a meeting about an Individualized Education Program, or IEP, for {YOUTH'S} special education program or services? (NLTS E2A)

YES 1

NO 0

DON'T KNOW .... d

REFUSED .... r

D5=1 OR D2_INTRO1 =1 OR ANY ITEM D2A-U=1
"that same" if E1 = 1. "a" if E1 ≠ 1
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

E1a. During this or last school year, did {YOUTH} go to {that same / a} meeting about an Individualized Education Program, or IEP, for {his/her} special education program or services? (NLTS E2B REV)

YES 1

NO 0

DON'T KNOW .... d

REFUSED .... r

BOX E1B
IF E1 ≠ 1 AND E1A ≠ 1, GO TO E1B. ELSE GO TO E2.

E1=0,D,R AND E1a=0,D,R

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

E1b. **Has there been an IEP meeting about {YOUTH'S} special education program or services this or last year?** (NLTS E4A)

YES 1

NO.. 0

DON'T KNOW .... d

REFUSED .... r

(D5=1 OR D2_INTRO1 =1 OR ANY ITEM D2A-U=1) AND (AGE FROM A12 OR A12A >= 16)

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

E2. **Have you or another adult in the household met with teachers to set goals for what {YOUTH} will do after high school and make a plan for how {he/she} will achieve them? Sometimes this is called a transition plan or a transition focused IEP.** (NLTS E2C, REV)

YES 1   GO TO E4

NO.. 0

DON'T KNOW .... d

REFUSED .... r

E2 = 0,D,R

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

E3. **To the best of your knowledge, did [YOUTH]'s high school have a "transition planning" meeting to help [YOUTH] plan what {he/she} might do after high school?** (NEW)

YES 1

NO.. 0

DON'T KNOW .... d

REFUSED .... r

(D5=1 OR D2_INTRO1 =1 OR ANY ITEM D2A-U=1) AND (AGE FROM A12 or A12a >= 16)

"and transition plan" if E2 = 1 or E3 = 1

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

E4.   **Did the school mostly come up with the goals on {his/her} IEP {and transition plan} or was it mostly you or {YOUTH} who came up with the goals?** CAN READ CATEGORIES. (NLTS E3A)

                                                                    CODE ONE ONLY

              MOSTLY SCHOOL.. 1

              MOSTLY RESPONDENT OR OTHER ADULT 2

              MOSTLY YOUTH 3

              SCHOOL AND YOUTH EQUALLY 4

              SCHOOL AND RESPONDENT OR OTHER ADULT
              EQUALLY.. 5

              YOUTH AND RESPONDENT OR OTHER ADULT
              EQUALLY.. 6

              SCHOOL, RESPONDENT OR OTHER ADULT, AND
              YOUTH EQUALLY.. 7

              DON'T KNOW .... d

              REFUSED .... r

(D5=1 OR D2_INTRO1 =1 OR ANY ITEM D2A-U=1) and age from A12 or A12a >= 16

 "IEP and transition planning" if E2 = 1 or E3 = 1. Else, "IEP planning"

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

E5.   **Which of the following best describes {YOUTH'S} role in {his/her} {IEP and transition planning /IEP planning}?** (NLTS E3B)

                                                                    CODE ONE ONLY

              {He/She} did not participate...................................... 1

              **{He/She} was present in discussions but
              participated very little or not at all**........................... 2

              {**He/She} provided some input** 3

              **{He/She} took a leadership role (helping set the
              direction of the discussions, goals and plans)**........ 4

              DOESN'T KNOW ABOUT ANY GOALS 5

              DON'T KNOW .... d

              REFUSED .... r

E2 = 1 OR E3=1 and age from A12 or A12a >= 16
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

E6. **The next set of questions are about the transition planning meeting:**

		YES	NO	DK	REF
a.	Were you invited to that meeting?	1	0	d	r
b.	Was [YOUTH] invited to that meeting?..................................	1	0	d	r
c.	Were [YOUTH]'s interests, strengths, and preferences discussed at that meeting?	1	0	d	r
d.	Did staff from any community service agency, such as vocational rehabilitation services, take part in that meeting?	1	0	d	r
e.	Was [YOUTH] given information on education, careers, or community living options for when {he/she} leaves high school?	1	0	d	r

F. PLANS FOR THE FUTURE

F_INTRO My next questions are about your expectations for the future.

B1 OR B4 = 1 AND (B2 OR B4A = 9-13 OR (B2 OR B4A = 0, 14, 99 AND AGE FROM A12 OR A12A >= 14))
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>
FILL WITH (Has / taken) if currently in school [B1=1, B4c=1] or (Did / take) if not in school [B1=0,d,r OR B4=0,d,r]

F1. **{Has/Did} {YOUTH} {taken/take} any courses at (his / her) high school for which {he/she} earned college credit at either a two or four year college?**

PROBE: **By credit we mean it will count towards the requirements for a two or four-year degree.**

YES 1

NO 0   GO TO F2

DON'T KNOW .... d   GO TO F2

REFUSED .... r   GO TO F2

F1=1
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

F1a. **What course(s) {is/has} {YOUTH} {taking/taken} at (his /her) high school to earn college credit?**

INTERVIEWER: IF PARENT LISTS SUJECT OF CLASS, PROBE IF THE CLASS IS AN AP CLASS (ADVANCED PLACEMENT CLASS).

AP COURSE (ANY SUBJECT).....................................1

IB COURSE (INTERNATIONAL BACCALAUREATE) . 2

OTHER COURSE(S): SPECIFY: ___STRING 500 CHAR)___ 99

DON'T KNOW .... d

REFUSED .... r

B1 OR B4 = 1 AND (B2 OR B4A = 9-13 OR (B2 OR B4A = 0, 14, 99 AND AGE FROM A12 OR A12A >= 14))
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

F2. **This school year, is {YOUTH} taking courses in high school designed to expose {him/her} to or prepare {him/her} for a career (or careers) of interest? This could be one or more courses. For example, a student interested in going to medical school may take more science classes.** (NEW)

YES 1

NO.. 0   GO TO F4

DON'T KNOW .... d   GO TO F4

REFUSED .... r   GO TO F4

F2=1
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

F3. **Will {YOUTH} receive college credit for this course?**

IF NEEDED: At either 2 or 4 year college?

YES 1

NO.. 0

DON'T KNOW .... d

REFUSED .... r

B1 OR B4 = 1 AND (B2 OR B4A = 9-13 OR (B2 OR B4A = 0, 14, 99 AND AGE FROM A12 OR A12A >= 15))
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

F4. **Have you talked with a school counselor or someone else at school about what {YOUTH} might do after high school, including education or career options?** (NEW)

YES 1

NO... 0

DON'T KNOW .... d

REFUSED .... r

ALL
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

F5. **As things stand now, how far do you think {YOUTH} will get in school? IF NEEDED: What is the highest level of schooling you think {he/she} will complete?**

NOTE: CODE A CERTIFICATE OF COMPLETION OR ATTENDANCE AS 2.

CODE ONE ONLY

LESS THAN HIGH SCHOOL (WILL NOT GRADUATE OR GET GED).. 1

HIGH SCHOOL DIPLOMA OR GED........................... 2

TECHNICAL OR TRADE SCHOOL 3

2 YEAR COLLEGE 4

4-YEAR COLLEGE.. 5

MASTER'S, PHD, OR OTHER ADVANCED DEGREE 6

DON'T KNOW .... d

REFUSED .... r

AGE FROM A12 OR A12A >= 15

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

F6. **Next I'd like to ask about issues youth sometimes face in furthering their education and training after high school. For each statement I read, please tell me whether you think that this will be an issue {YOUTH} is likely to face.** (NEW)

		YES	NO	DK	REF
a.	We do not have enough information about education or training options for {YOUTH} after high school	1	0	d	r
b.	{YOUTH} needs to work...	1	0	d	r
c.	We do not know how to get financial aid or help paying for school	1	0	d	r
d.	{YOUTH} Is not ready – either academically or socially	1	0	d	r
e.	IF D21 ≠1 AND D2 all items a-u ≠ 1 AND D5 ≠ 1 AND D6B ≠ 1: {YOUTH} has physical or mental health issues that would make it difficult..	1	0	d	r
f.	IF D1=1 OR D2INTRO1 = 1 OR D3 = 1 OR D6 = 1: We don't think schools could accommodate {YOUTH}'s disability	1	0	d	r
g.	Are there any other difficulties or issues that would make it difficult for {YOUTH} to further (his /her) education after high school? SPECIFY: .... _____	1	0	d	r

CATI: ALLOW STRING TO MAX AT 2000 CHAR FOR RESPONSE OPTION G.

ALL

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

F7. **When {YOUTH} is 30 years old, do you think {he/she} will be living:** (NEW)

<div style="text-align:center">CODE ONE ONLY</div>

On (his/ her) own - without friends or family, ... 1

At home with parents, ... 2

With a relative, ... 3

With friends, ... 4

With a spouse or partner, ... 5

In military housing, ... 6

In a group home, ... 7

In an institution, or 8

Some other place? (SPECIFY) 99

_____(STRING 150)

DON'T KNOW .... d

REFUSED .... r

D1=1 OR D2INTRO1=1 OR D3=1 OR D6=1
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

F8. **By the time {YOUTH} is 30 years old, how likely do you think it is that {YOUTH} will earn enough to support {himself/herself} without financial help from {his/her} family or government benefit programs? Do you think {he/she}…** (NLTS J10)

CODE ONE ONLY

Definitely will,.. 1

Probably will, ... 2

Probably won't, or 3

Definitely won't?.. 4

DON'T KNOW .... d

REFUSED .... r

AGE FROM A12 OR A12A >= 15
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

F9. **Next I'd like to ask about issues youth sometimes face in getting a job after high school. For each statement I read, please tell me whether you think that this will be an issue {YOUTH} is likely to face.** (NEW)

	YES	NO	DK	REF
a. ASK IF: D2 all items a-u ≠ 1 AND D5 ≠ 1 and D2_Intro1 = 1 and D6b ≠ 1 and D21 ≠ 1: Physical or mental health issues could prevent [YOUTH] from working	1	0	d	r
b. ASK IF D5 = 1 OR D2 any item a-u = 1 or D2_Intro1 = 1 : [YOUTH] might lose SSI or other benefits	1	0	d	r
c. Staff at the high school has not provided enough information about career planning or job opportunities	1	0	d	r
d. Are there any other challenges [YOUTH] might face in getting a job after high school? SPECIFY:	1	0	d	r

_____ (500 char)

G. DEMOGRAPHICS FOR YOUTH

<G_INTRO> **Now I would like to ask some questions about [YOUTH]'s characteristics and living arrangements.**

ALL
"your" if….
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

G1. **Is any language other than English regularly used in {YOUTH's} home?** (NLTS2 A4A)

```
YES ................................................................. 1
NO..................................................................... 0    GO TO G2
DON'T KNOW ............................................... d    GO TO G2
REFUSED ...................................................... r    GO TO G2
```

G1=1

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

G1a. **What is the main language {YOUTH} usually uses at home?** (NLTS2 A4B)

<u>CODE ONE ONLY</u>

ENGLISH 1
SPANISH 2
ALBANIAN 3
ARABIC 4
BULGARIAN 5
CAMBODIAN 6
CHINESE 7
CREOLE 8
CROATIAN 9
CZECHOSLOVAKIAN 10
DUTCH 11
FARSI 12
FINNISH 13
FRENCH 14
GERMAN 15
GREEK 16
HEBREW 17
HMONG 18
HUNGARIAN 19
ITALIAN 20
JAPANESE 21
KOREAN... 22
LAOTIAN 23
PERSIAN 24
POLISH.. 25
PORTUGUESE.. 26
PUNJABI.. 27
ROMANIAN 28
RUSSIAN... 29
SAMOAN 30
SWAHILI 31
TAGALOG (FILIPINO LANGUAGE).. 32
THAI.. 33
TURKISH 34
URDU 35
VIETNAMESE.. 36
SIGN LANGUAGE/MANUAL COMMUNICATION/ASL.................. 37
YOUTH DOES NOT USE A LANGUAGE 38
OTHER (SPECIFY) 99

_____(STRING (30))

DON'T KNOW.. d
REFUSED... r

ALL
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

G2. **Is {YOUTH} Hispanic or Latino?**

YES - HISPANIC OR LATINO 1

NO - NOT HISPANIC OR LATINO.............................. 0

DON'T KNOW .... d

REFUSED .... r

ALL
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

G3. **Please choose one or more categories that best describe {YOUTH}'s race. Is {he/she}…** [IF RESPONDENT SAYS MIXED RACE OR BI- OR MULTIRACIAL, ASK AS NEEDED: **"I can record more than one. Which races should I enter?**

CODE ALL THAT APPLY

American Indian or Alaska Native 1

Asian.. 2

Black or African American 3

Native Hawaiian or Other Pacific Islander, or 4

White.. 5

DON'T KNOW .... d

REFUSED .... r

ALL
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

G4. **In the past school year (2011-2012), has {YOUTH} lived with you… ?** [EXCLUDING CAMPS AND VACATIONS] (NLTS2 A5A, REV)

CODE ONE ONLY

All of the time,... 1 GO TO BOX G5

Some of the time, or 2

None of the time? 3

ONLY DURING SCHOOL VACATIONS 4

DON'T KNOW .... d

REFUSED .... r

G4≠1

G4a. **Where has {he/she} lived in the past school year (2011-2012)?** (NLTS2 A5C)

CODE ALL THAT APPLY

WITH [HIS/HER] OTHER PARENT	1
WITH [HIS/HER] PARENTS	2
WITH ANOTHER RELATIVE/ADULT FAMILY MEMBER OTHER THAN SPOUSE OR PARENT........	3
IN FOSTER CARE...	4
WITH NON-FAMILY LEGAL GUARDIAN	5
IN A RESIDENTIAL OR BOARDING SCHOOL OTHER THAN A COLLEGE	6
IN A GROUP HOME, OTHER ASSISTED LIVING CENTER, SUPERVISED APARTMENT	7
IN A HOSPITAL, MEDICAL FACILITY, CONVALESCENT HOSPITAL, OR INSTITUTION FOR PERSONS WITH DISABILITIES	8
IN A MENTAL HEALTH FACILITY..............................	9
IN A CORRECTIONAL FACILITY/YOUTH DETENTION CENTER	10
ON [HIS/HER] OWN	11
WITH A SPOUSE OR ROOMMATE	12
IN A COLLEGE DORMITORY OR OTHER COLLEGE HOUSING	13
IN MILITARY HOUSING	14
TRANSIENT, HOMELESS, ON THE STREET, IN THEIR CAR	15
OTHER (SPECIFY)	99
_____(STRING 150)	
DON'T KNOW	d
REFUSED	r

BOX G5
IF YOUTH LIVES WITH SOMEONE OTHER THAN PARENT OR FOSTER PARENT AT LEAST SOME OF THE TIME, GO TO G5. ELSE GO TO G6.

(G4a=3,5 and A13≠4) OR (G4a= D,R,99 AND A13 ≠ 4)

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

G5. **Is {YOUTH} living in a foster care arrangement?** (NLTS2 A5E)

YES 1

NO... 0

DON'T KNOW .... d

REFUSED .... r

ALL YOUTH AGE >= 16 [Calculated from YEAR OF BIRTH A12 OR A12a]

"had" if A11 = 0, "fathered" if A11 = 1

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

G6. **Has {YOUTH} ever {had/fathered} any children?** (NLTS K3A)

YES 1

NO... 0

DON'T KNOW .... d

REFUSED .... r

BOX G7

THIS LOGIC SEPARATES PARENTS OF YOUTH AGE 16 AND OVER WHO HAVE HAD CHILDREN AND TAKES THEM TO G7. THOSE WHO HAVE NOT HAD CHILDREN OR WHO HAVE BUT ARE UNDER AGE 16 GO TO G8.

IF G6 = 1 (HAS CHILDREN) AND AGE ≥16 YEARS OF AGE, GO TO G7. ELSE, GO TO G8.

G6 = 1 AND YOUTH'S AGE >=16 [Calculated from YEAR OF BIRTH A12 OR A12a]

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

G7. **Is {YOUTH} …** (NLTS K3B)

<u>CODE ONE ONLY</u>

Engaged, ... 1

Single, never married, ... 2

Married, or 3

In a marriage-like relationship, ... 4

Divorced or separated, or 5

Widowed?... 6

DON'T KNOW .... d

REFUSED .... r

ALL
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

G8. **My next questions are about {YOUTH}'s health insurance. Is {YOUTH} now covered by private health insurance from an employer or union, or that your family buys directly?** (NLTS C1)

> YES 1   GO TO G10
>
> NO 0
>
> DON'T KNOW .... d
>
> REFUSED .... r

G8 = 0
Fill "Medicare or Medicaid" if no state in record, Medicare, Medicaid, or [state program name] if state in record (draw from parent sample file PAR1_STATE OR PAR2_STATE, OR FROM A9A (IF POPULATED)_ STATE.
Fill "state program name" from FILE PROVIDED. IF NO STATE ASSOCIATED, OR NO PROGRAM NAME FOR THAT STATE, THEN END QUESTION AFTER THE WORD "MEDICAID."

G9. **Is {he/she} covered by any other health insurance program, including a government-assisted or public health insurance plan such as {Medicare or Medicaid/ Medicare, Medicaid [, or [state program name}]?** (NLTS C2 REV)

> YES 1
>
> NO 0   GO TO G11
>
> DON'T KNOW .... d   GO TO G11
>
> REFUSED .... r   GO TO G11

G8=1 OR G9=1

G10. **Does {his/her} insurance cover any of the cost of …** (NLTS C5)
[IF ASKED, INCLUDES PARTIAL COVERAGE]

	YES	NO	DK	REF
a. Dental care?	1	0	d	r
b. Vision care?	1	0	d	r
c. Medicines or prescriptions?	1	0	d	r
d. Mental health care?	1	0	d	r

ALL
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

G11. **Does {YOUTH} have access to a computer with a high-speed internet connection at home?** (NEW)

YES 1

NO.. 0

DON'T KNOW .... d

REFUSED .... r

H. DEMOGRAPHICS FOR PARENT & HOUSEHOLD

<H_INTRO> **My next set of questions will be about you and your household as a whole. These questions will help us better understand the experiences of different groups of people who take part in the study.**

BOX H1
IF G4=1,2,4, GO TO H1. ELSE GO TO BOX H4. IF CHILD LIVES WITH RESPONDENT AT LEAST SOME OF THE TIME (G4=1,2,4) GO TO H1. ELSE GO TO BOX H4.

G4 = 1,2,4

H1. **Are you…**

<u>CODE ONE ONLY</u>

Married 1

In a marriage-like relationship, ... 2

Divorced, ... 3

Separated, ... 4

Widowed, or 5

Single, never married? 6

DON'T KNOW .... d

REFUSED .... r

G4 = 1,2,4

H2. **How many people age 18 and over are there in the household, including you?**

IF NEEDED: **Include {NAME} if {he/she} is age 18 or over. Household members include those that are there at least four nights a week, most weeks, for the past 6 months.** (NLTS K4A, rev)

|___|___| NUMBER (0-20)

[S: >5]

DON'T KNOW .... d

REFUSED .... r

SOFT CHECK: IF GT 5 **I recorded {NUMBER} adults now living in this household. Is that correct?**

G4 = 1,2,4

H3. **How many people under age 18 are now living in the household? [CAN INCLUDE YOUTH'S CHILDREN.]**

IF NEEDED: **Include {NAME} if {he/she} is under age 18. Household members include those that are there at least four nights a week, most weeks, for the past 6 months. (NLTS K2A, rev)**

|___|___| NUMBER (0-20)
[S: >5]

DON'T KNOW .... d

REFUSED .... r

SOFT CHECK: IF GT 5 **I recorded {NUMBER} children now living in this household. Is that correct?**

BOX H4
IF RESPONDENT IS YOUTH'S PARENT OR GUARDIAN (A13=1,2, 4, 5), GO TO BOX H5. ELSE GO TO H4.

A13 ≠ 1,2,4,5

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

H4.   **Does {YOUTH}'s mother or father or legal guardian live in this household?**

IF NEEDED: **Who lives in this household? Is that {YOUTH}'s mother, father, or legal guardian?** (NLTS K5B, REV)

<u>CODE ONE ONLY</u>

MOTHER ONLY 1

FATHER ONLY 2

BOTH MOTHER AND FATHER 3

LEGAL GUARDIAN 4

NONE OF THESE 5

DON'T KNOW .... d

REFUSED .... r

BOX H5

IF CHILD LIVES WITH RESPONDENT AT LEAST SOME OF THE TIME (G4=1,2,4), GO TO H5. ELSE GO TO SECTION I.

G4 = 1,2,4

H5.   **What is the highest year or grade you finished in school?** (NLTS K8)

CODE ONE ONLY

8TH GRADE OR LESS... 1

9TH GRADE OR ABOVE, NOT A HIGH
SCHOOL GRADUATE... 2

HIGH SCHOOL GRADUATE OR GED 3

POST HIGH SCHOOL EDUCATION, NO
COLLEGE DEGREE.. 4

VOCATIONAL-TECHNICAL (VOC-TECH)
DEGREE OR CERTIFICATE 5

2-YEAR COLLEGE DEGREE/AA DEGREE 6

4-YEAR COLLEGE DEGREE/BA, BS DEGREE.......... 7

SOME POST BA, BS WORK, NO GRADUATE
DEGREE 8

MASTER'S DEGREE, E.G. MSW, MA, MFA,
MPH, MBA.. 9

PHD, MD, JD, LLB, OR OTHER
PROFESSIONAL GRADUATE DEGREE 10

OTHER (SPECIFY) 99

_____(STRING 100)

DON'T KNOW .... d

REFUSED .... r

G4 = 1,2,4

H6. **Do you have a paid job now?** (NLTS K9A)

YES 1

NO.. 0

DON'T KNOW .... d

REFUSED .... r

BOX H7
IF RESPONDENT IS MARRIED OR PARTNERED H1 = 1,2, GO TO H7_INTRO. ELSE GO TO H9_INTRO.

H1 = 1,2
"spouse" if H1=1. "partner" if H1=2

H7_INTRO   My next questions are about your {spouse/partner}.

H7. **What is the highest year or grade your {spouse/partner} finished in school?** (NLTS K10)

CODE ONE ONLY

8TH GRADE OR LESS... 1

9TH GRADE OR ABOVE, NOT A HIGH
SCHOOL GRADUATE.. 2

HIGH SCHOOL GRADUATE OR GED 3

POST HIGH SCHOOL EDUCATION, NO
COLLEGE DEGREE.. 4

VOCATIONAL-TECHNICAL (VOC-TECH)
DEGREE OR CERTIFICATE...................................... 5

2-YEAR COLLEGE DEGREE/AA DEGREE 6

4-YEAR COLLEGE DEGREE/BA, BS DEGREE.......... 7

SOME POST BA, BS WORK, NO GRADUATE
DEGREE 8

MASTER'S DEGREE, E.G. MSW, MA, MFA,
MPH, MBA... 9

PHD, MD, JD, LLB, OR OTHER
PROFESSIONAL GRADUATE DEGREE 10

OTHER (SPECIFY) 99

_____(STRING 100)

DON'T KNOW .... d

REFUSED .... r

H1 = 1,2
"spouse" if H1=1. "partner" if H1=2

H8. **Does your {spouse/partner} have a paid job now?** (NLTS K11A)

        YES 1

        NO... 0

        DON'T KNOW .... d

        REFUSED .... r

G4 = 1,2,4

H9_INTRO **My next questions are about government benefits you or others in your household may have received.**

H9. **Did you or anyone in the household receive money from TANF (Temporary Assistance to Needy Families) or the state welfare program anytime in the past 2 years?** (NLTS K12A)

        YES 1

        NO... 0

        DON'T KNOW .... d

        REFUSED .... r

G4 = 1,2,4
FILL {SNAP/STATE NAME} FROM FILE PROVIDED

H10. **Did you, or anyone in the household, receive benefits in the past two years from SNAP (the Supplemental Nutrition Assistance Program), which used to be called food stamps? { PROGRAM IS ALSO KNOWN AS [SNAP/STATE NAME] IN [STATE]}. It puts money on a card that you can use to buy food.** (NLTS K13A REV)

        YES 1

        NO... 0

        DON'T KNOW .... d

        REFUSED .... r

G4 = 1,2,4

{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

H11. **Did you or anyone in the household get money for {YOUTH} from the Supplemental Security Income or SSI program in the past 2 years?** (NLTS K14A)

YES 1

NO.. 0

DON'T KNOW .... d

REFUSED .... r

G4 = 1,2,4

H12. **Household income is an important factor that goes into many research questions - including how family finances affect students' ability to go to college or pursue other goals after high school. This information is critically important to the success of this study and will be kept completely confidential.**

What was your <u>total</u> household income from <u>all</u> sources before taxes and deductions in calendar year 2011? Please include <u>all</u> income such as income from work, investments, money from public assistance, retirement, and alimony for all household members, before taxes. (HSLS, REV)

SPECIFY: _____ (STRING 6) 99   GO TO I1_INTRO

DON'T KNOW .... d

REFUSED .... r

CATI: INSERT SOFT CHECK FOR ALL: The amount I recorded is $[FILL RESPONSE TO H12 IF SPECIFIED]. May I confirm that is correct?

H12 = D,R

H13. **We understand that you may not be able to provide an exact number for your family's income. However, it would be extremely helpful if you could tell us which of the following ranges <u>best</u> describes your <u>total</u> household income from <u>all</u> sources before taxes and deductions in calendar year 2011. Was it…**

IF NEEDED: Please include <u>all</u> income such as income from work, investments, money from public assistance, retirement, and alimony for all household members, before taxes. (HSLS, REV)

<u>CODE ONE ONLY</u>

$60,000 or less, or...................................... 1

more than $60,000? 2   GO TO H13b

DON'T KNOW .... d   GO TO I1_INTRO

REFUSED .... r   GO TO I1_INTRO

H13 = 1

H13a.   **Was it…** (NLTS K15B, REV)

CODE ONE ONLY

$10,000 or less, or.. 1

$10,001 to $20,000, ... 2

$20,001 to $30,000, ... 3

$30,001 to $40,000 4

$40,001 to $50,000, or... 5

$50,001 to $60,000? 6

DON'T KNOW .... d

REFUSED .... r

H13=2

H13b.   **Was it…** (NLTS K15E, REV)

CODE ONE ONLY

$60,001 to $70,000, ... 1

$70,001 to $80,000, ... 2

$80,001 to $90,000, ... 3

$90,001 to $100,000, ... 4

$100,001 to $110,000, ... 5

$110,001 to $120,000, or 6

Over $120,000? 7

DON'T KNOW .... d

REFUSED .... r

I. CONTACT INFORMATION FOR FOLLOW UP AND REMAINDER OF CONSENT

I1_INTRO   **This concludes the main part of the interview. I will need just a few more minutes to confirm your contact information and see which other parts of the study you'd be willing to take part in.**

ALL
FILL ADDRESS FROM SAMPLE FILE AS FOLLOWS:
IF RESPONDING PARENT = PARENT 1 THEN FILL (PAR1_ADDR_LINE1, PAR1_ADDR_LINE2, PAR1_CITY, PAR1_STATE, PAR1_ZIP).
IF RESPONDING PARENT = PARENT 2 THEN FILL (PAR2_ADDR_LINE1, PAR2_ADDR_LINE2, PAR2_CITY, PAR2_STATE, PAR2_ZIP)
IF <MOVED>=0, FILL FROM CONTACT MODULE NEWADDR.

A9. **. Let's start with the address where you get your mail.**
CATI: INSERT IF PAYYMENT FLAG=1: We will send your $20 check to this address.
CATI: INSERT IF PAYMENT FLAG = 5: We will send your $15 check to this address.
CATI: INSERT IF PAYMENT FLAG = 6: We will send your $30 check to this address.
CATI INSERT FOR ALL: The school district listed it as [ADDRESS FROM SAMPLE FILE AS ABOVE FOR PAR1, PAR 2, NEWADD]. Is that correct?

YES 1	GO TO A10
NO 0	
DON'T KNOW .... d	GO TO A10
REFUSED .... r	GO TO A10

A9=0

A9a.   **What is your mailing address**?

PROBE FOR AND RECORD BOTH P.O. BOX AND STREET ADDRESS

PROBE: **Where do you stay most often?**

_____(STRING (200)
ADDRESS 1

_____(STRING (200)
ADDRESS 2

_____(STRING (200)
CITY

_____(STRING (50)
STATE/TERRITORY

|__|__|__|__|__| - |__|__|__|__|
ZIP CODE (+ 4 IF NEEDED)

CATI: DEVIATE FROM BLAISE STANDARD FOR COLLECTION OF ADDRESS. IF PREVIOUS FIELD = D, R, CONTINUE TO NEXT FIELD AND DO NOT EXIT THE ITEM UNTIL COLLECTION OF ZIP CODE IS OFFERED.

ALL

A10.   **What is the __best__ telephone number at which to reach you:**

|__|__|__| - |__|__|__| - |__|__|__|__| / Phone (STRING 30)
(RANGE)   (RANGE)   (RANGE)

DOES NOT HAVE A TELEPHONE NUMBER 1	GO TO A11
DON'T KNOW .... d	GO TO A11
REFUSED .... r	GO TO A11

A10≠1,d,r

A10a.   **Is that a landline or cell phone?**

LANDLINE 1   GO TO A11

CELL PHONE 2

DON'T KNOW .... d   GO TO A11

REFUSED .... r   GO TO A11

A10a=2

A10b.   **When we contact you for the next survey, may we send you a <u>text</u> message on that phone?**

YES 1

NO 0

PHONE DOES NOT USE TEXT MESSAGE 2

DON'T KNOW .... d

REFUSED .... r

A10 ≠ 1, D,R

Phone number from A10

I1.   **Is there <u>another</u> telephone number where we can reach you, besides [FILL FROM A10]?**

YES 1

NO 0   GO TO I2

DON'T KNOW .... d   GO TO I2

REFUSED .... r   GO TO I2

I1 = 1

I1a.   **What is that number?**

|__|__|__| - |__|__|__| - |__|__|__|__|
(RANGE)   (RANGE)   (RANGE)

DON'T KNOW .... d   GO TO I2

REFUSED .... r   GO TO I2

_____International Phone (STRING 30)

I1a ≠ d,r

I1b. **Is that number a land line or cell phone?**

LANDLINE 1

CELL PHONE 2

DON'T KNOW .... d

REFUSED .... r

ALL

I2. **Do you have an e-mail address where we may send you study-related information?**

IF NEEDED: **This may include an email to verify your contact information, an invitation to complete the survey, or a reminder about the survey.**

YES 1

DOES NOT HAVE AN EMAIL ADDRESS.................... 2   GO TO I3

NO.. 0   GO TO I3

DON'T KNOW .... d   GO TO I3

REFUSED .... r   GO TO I3

I2 = 1

I2a. **What is the email address you check most often?**

_____(STRING (150)

EMAIL

DON'T KNOW .... d

REFUSED .... r

ALL

I3. **May we send you a message through Facebook if we are unable to reach you by mail, phone, or your regular email address?**

YES 1

DOES NOT HAVE A FACEBOOK ACCOUNT............. 2

NO.. 0

DON'T KNOW .... d

REFUSED .... r

G4A = 1, 2 OR (H1 = 1,2 AND G4 = 1) OR (H1= 3,4 AND A13= 1,2)
"other parent" if G4a=1 or (H1 = 3,4 and A13 = 1,2). "parents" if G4a=2. Else "your spouse" if H1=1. "your partner" if H1=2
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

I4. **In case we have difficulty reaching you in the future, I would like to collect contact information for {YOUTH's} {other parent/parents/ your spouse or partner}.**

What is this person's full name?

_____(STRING (100)
FIRST NAME
_____(STRING (100)
MIDDLE INITIAL/NAME
_____(STRING (100)
LAST NAME
DON'T KNOW .... d   GO TO I9
REFUSED .... r   GO TO I9

G4A = 1, 2 OR (H1 = 1,2 AND G4 = 1) OR (H1= 3,4 AND A13= 1,2) AND I4 ≠ R,DK
"address" from A9a or if A9a= blank then fill as follows:
If respondent is parent 2, fill [PAR1_ADDR_LINE1, PAR1_ADDR_LINE2, PAR1_CITY   PAR1_STATE, PAR1_ZIP] or
If respondent is parent 1, fill [PAR2_ADDR_LINE1, PAR2_ADDR_LINE2, PAR2_CITY PAR2_STATE, PAR2_ZIP]

I5. **Is [(NAME from I4a)]'s mailing address (where mail is sent) the same as yours or is it a different address?**

[CATI FILL ADDRESS FROM A9a OR SAMPLE FILE (IF A9a=blank)]

SAME FOR SPOUSE OR PARTNER 1   GO TO I6

DIFFERENT MAILING ADDRESS 2

I5=2
"FIRST NAME" from I4

I5a. **What is the address where [NAME from I4] gets mail sent?**

PROBE FOR AND RECORD BOTH PO BOX AND STREET ADDRESS

PROBE: Where does {he/she} stay most often?
_____(STRING (200)
ADDRESS 1
_____(STRING (200)
ADDRESS 2
_____(STRING (200)
CITY
_____(STRING (50)
STATE/TERRITORY
|___|___|___|___|___| - |___|___|___|___|
ZIP CODE (+ 4 IF NEEDED)
CATI: DEVIATE FROM BLAISE STANDARD FOR COLLECTION OF ADDRESS. IF PREVIOUS FIELD = D, R,
CONTINUE TO NEXT FIELD AND DO NOT EXIT THE ITEM UNTIL COLLECTION OF ZIP CODE IS OFFERED.

G4A = 1, 2 OR (H1 = 1,2 AND G4 = 1) OR (H1= 3,4 AND A13= 1,2) AND I4 ≠ R,DK

I6. **What is the best telephone number at which to reach {him/her}:**

|___|___|___| - |___|___|___| - |___|___|___|___|
(RANGE)   (RANGE)   (RANGE)

DOES NOT HAVE A TELEPHONE NUMBER 0   GO TO I8

DON'T KNOW .... d   GO TO I8

REFUSED .... r   GO TO I8

_____

International Phone (STRING (NUM))

I6 ≠ 1,d,r

I7. **Is there <u>another</u> phone number where we can reach {him/her}?**

YES 1

NO... 0   GO TO I8

DON'T KNOW .... d   GO TO I8

REFUSED .... r   GO TO I8

I7 = 1

I7a. **What is that number?**

|___|___|___| - |___|___|___| - |___|___|___|___|
(RANGE)   (RANGE)   (RANGE)

DON'T KNOW .... d

REFUSED .... r

_____

International Phone (STRING 30)

G4A = 1, 2 OR (H1 = 1,2 AND G4 = 1) OR (H1= 3,4 AND A13= 1,2) AND I4 ≠ R,DK

"FIRST NAME" from I4

I8. **Does [SPOUSE /PARTNER FIRST NAME from I4] have an e-mail address at which we can reach {him/her}? IF NEEDED: Our contact would include things like an email to verify contact information, an invitation to complete the survey.**

YES 1

DOES NOT USE EMAIL.. 2   GO TO I9

NO – NOT OK TO CONTACT THIS WAY 0   GO TO I9

DON'T KNOW .... d   GO TO I9

REFUSED .... r   GO TO I9

I8 = 1

I8a. **What is the email address {he/she} checks most often?**

                    (STRING (500)

        EMAIL

        DON'T KNOW .... d

        REFUSED .... r

ALL

"either of" if contact provided in I4

I9. **In case we have trouble reaching {either of} you directly when we do the next survey, we'd like to get the contact information for <u>another</u> person who will <u>always</u> be able to reach you. Can you give me the name of a friend or relative, who does not live with you, who would be able to reach you if you move or change your telephone number?**

                    (STRING (100))

        FIRST NAME

                    (STRING (100))

        MIDDLE INITIAL/NAME

                    (STRING (100))

        LAST NAME

        DON'T KNOW .... d   GO TO I14

        REFUSED .... r   GO TO I14

I9 ≠ d,r

I10. **What is your relationship with this person?**
IF NEEDED: **Is this person a relative, a friend, or some other person in your life?**

NOTE: CODE STEPPARENTS AS MOTHER OR FATHER.

                              CODE ONE ONLY

        OTHER SON OR DAUGHTER (NOT [YOUTH]) 1

        BROTHER / SISTER 2

        MOTHER / FATHER.. 3

        AUNT / UNCLE.. 4

        COUSIN 5

        OTHER RELATIVE.. 6

        FRIEND 7

        CASE MANAGER – SPECIFY NAME OF AGENCY.... 8

                    (STRING (150))

        OTHER NON-RELATIVE... 9

        DON'T KNOW .... d

        REFUSED .... r

I9 ≠ d,r
"(FIRST NAME)" FROM I9
"he" if contact in I9 is male. "she" if contact in I9 is female.

I11. **What is [NAME]'s mailing address?**
PROBE FOR AND RECORD BOTH PO BOX AND STREET ADDRESS

PROBE: Where does {he/she} stay most often?

_____(STRING (200)
ADDRESS 1

_____(STRING (200)
ADDRESS 2

_____(STRING (200)
CITY

_____(STRING (50)
STATE/TERRITORY

|__|__|__|__|__| - |__|__|__|__|
ZIP CODE (+ 4 IF NEEDED)

CATI: DEVIATE FROM BLAISE STANDARD FOR COLLECTION OF ADDRESS. IF PREVIOUS FIELD = D, R, CONTINUE TO NEXT FIELD AND DO NOT EXIT THE ITEM UNTIL COLLECTION OF ZIP CODE IS OFFERED.

I9 ≠ d,r

I12. **What is the best telephone number at which to reach (NAME)?**

|__|__|__| - |__|__|__| - |__|__|__|__|
(RANGE)   (RANGE)   (RANGE)

DOES NOT HAVE A TELEPHONE NUMBER 0   GO TO I13

DON'T KNOW .... d   GO TO I13

REFUSED .... r   GO TO I13

_____
International Phone (STRING 30)

I12 ≠ 1,d,r
"first name" from I9

I12b. **Is there another telephone number where we can reach (NAME)?**

YES 1

NO.. 0   GO TO I13

DON'T KNOW .... d   GO TO I13

REFUSED .... r   GO TO I13

I12b = 1

I12c. **What is that number?**

|__|__|__| - |__|__|__| - |__|__|__|__|
(RANGE)   (RANGE)   (RANGE)

DON'T KNOW .... d

REFUSED .... r

_____
International Phone (STRING 30)

I9 ≠ d,r

"FIRST NAME" from I9

"him" if "NAME" is male. "her" if "NAME" is female

I13. **Does (NAME) have an <u>e-mail</u> address where we can reach {him/her}, should we need help contacting you for the next part of the study?**

YES 1

NO.. 0   GO TO I14

DON'T KNOW .... d   GO TO I14

REFUSED .... r   GO TO I14

I13 = 1

"he" if contact in I9 is male. "she" if contact in I9 is female.

I13a. **What is the email address {he/she} checks most often?**

_____(STRING (500)
EMAIL

DON'T KNOW .... d

REFUSED .... r

ALL
"him" if sample file gender <GENDER>=1, "her" if sample file gender <GENDER> =2

A3. **Now, let's talk about other parts of this study and if you are interested in participating. Each student's math or language arts teacher would be asked to do a survey to learn more about [his / her] classroom experiences. Do we have your permission to contact this teacher?**

> CATI: PLEASE ACTIVATE THE F1 FEATURE TO ENABLE INFORMATION BAR, AS NEEDED.

> AGREED - CONTINUE 1

> DISAGREE / DECLINES THIS PORTION 2   GO TO A4

> NOT APPLICABLE – STUDENT IS HOMESCHOOLED…3 GO TO A4

> DECLINES STUDY PARTICIPATION 0   TERMINATE. STATUS AS 211 AND ROUTE TO REFUSAL MODULE.

CATI: DO NOT ALLOW DK or REF OPTIONS FOR A3

A3=1
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>
"him" if sample file gender <GENDER>=1, "her" if sample file gender <GENDER>=2
"math" if MATH_LA calls for math teacher (MATH_LA=1), "language arts" if MATH_LA calls for language arts teacher (MATH_LA=2)

A3a. **Can you provide the name of this [math / language arts] teacher?**

> YES – SPECIFY: 1
> _____ STRING (20) (IF FIRST NAME = D,R, GO TO LAST NAME)
> FIRST NAME
> _____ STRING (50)
> LAST NAME
> DON'T KNOW EITHER NAME .... d
> REFUSED TO PROVIDE EITHER NAME .... r

A3a = 1
{YOUTH} first name from SAMPLE FILE: < STU_FNAME >
"him" if sample file gender <GENDER> = 1, "her" if sample file gender <GENDER> =2"
"math" if MATH_LA calls for math teacher (MATH_LA=1), "language arts" if MATH_LA calls for language arts teacher (MATH_LA=2)

A3b. **Can you provide us with this teacher's email address?**

> YES – SPECIFY: _____ (STRING 200 CHAR) 1
> DON'T KNOW .... d
> REFUSED TO PROVIDE EMAIL ADDRESS .... r

(Has IEP from sample <IEP>=1) OR (D2_Intro1=1) or (D2 ANY PART A-U = 1 AND <IEP> IN SAMPLE FILE= N)
"him" if sample file gender <GENDER> = 1, "her" if sample file gender <GENDER> =2
"his" if sample file gender <GENDER>=1, "her" if sample file gender <GENDER>=2

A4. **We'd like to complete two surveys with a staff person from {YOUTH}'s school, to learn about services the school provides to (him/her) in (his / her) IEP. The first would be this year and the next would be in 2014. Do we have your permission to contact this staff member?**

CATI: PLEASE ACTIVATE THE F1 FEATURE TO ENABLE INFORMATION BAR, AS NEEDED.

AGREED - CONTINUE.. 1   GO TO A4a

DISAGREE / DECLINES THIS PORTION 2   GO TO A5

DOES NOT HAVE AN IEP... 3   GO TO A4.5

DECLINES STUDY PARTICIPATION 0   TERMINATE. STATUS AS 211 AND ROUTE TO REFUSAL MODULE.

CATI: DO NOT ALLOW DK or REF OPTIONS FOR A4

Has IEP from sample <IEP>=1 AND A4 = 3
{YOUTH} first name from SAMPLE FILE: < STU_FNAME >
"he" if sample file gender <GENDER>=1, "she" if sample file gender <GENDER>=2

A4.5. **Maybe another name is used for the services [YOUTH] receives. The school district said (he/she) gets some type of accommodations or help in school. Do you give us permission to contact the staff person who could complete a survey about any services [YOUTH] may receive?**

AGREED - CONTINUE.. 1   GO TO A4a

DISAGREE / DECLINES THIS PORTION 2   GO TO A5

DECLINES STUDY PARTICIPATION 0   TERMINATE. STATUS AS 211 AND ROUTE TO REFUSAL MODULE.

CATI: DO NOT ALLOW DK or REF OPTIONS FOR A4.5

A4=1 or A4.5=1

A4a. **What is the name of this staff person who is most knowledgeable about services provided at school?**

IF NEEDED: If you are not sure of this person's name, do you have the name of the person who oversees special education services at the school, who might be able to help identify the person for this survey?

YES – SPECIFY: 1
_____ STRING (20) (IF FIRST NAME UNKNOWN, GO TO LAST NAME)
FIRST NAME
_____ STRING (50)
LAST NAME

DON'T KNOW EITHER NAME .... d   GO TO A5

REFUSED TO PROVIDE NAME ....   r   GO TO A5

A4a = 1
If A4a = SPECIFIED, FILL WITH TEACHER'S NAME

A4b. **Can you provide us with this person's email address?**

> YES – SPECIFY: _____ (STRING 200 CHAR) 1
>
> DON'T KNOW .... d
>
> REFUSED .... r

ALL

A5. **In 2014, researchers will look at students' school transcripts to see what courses they have taken. Do you grant permission for us to collect this information?**

> AGREED - CONTINUE 1
>
> DISAGREE / DECLINES THIS PORTION 2
>
> DECLINES STUDY PARTICIPATION 0   TERMINATE. STATUS AS 211 AND ROUTE TO REFUSAL MODULE.

CATI: DO NOT ALLOW DK or REF OPTIONS FOR A5

YEAR OF BIRTH IN SAMPLE FILE ≥ 1996 OR YEAR OF BIRTH IN SAMPLE FILE IS MISSING (".")

A6. **Youth who are around 16 to 18 years old in 2014 may be asked to complete an academic assessment. This test is only for this study and will <u>not</u> count towards any of {his/her} classes in school. Do you grant permission for this assessment?**

CATI: PLEASE ACTIVATE THE F1 FEATURE TO ENABLE INFORMATION BAR, AS NEEDED.

> AGREED - CONTINUE 1
>
> DISAGREE / DECLINES THIS PORTION 2
>
> DECLINES STUDY PARTICIPATION 0   TERMINATE. STATUS AS 211 AND ROUTE TO REFUSAL MODULE.

CATI: DO NOT ALLOW DK or REF OPTIONS FOR A6

ALL
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>

A7. **To learn more about how students are doing in the future, the researchers may want to look at databases on college enrollment, financial aid for college, or the Social Security Administration's records about jobs or benefits. Do you grant permission for us to look at these data bases?**

> AGREED – CONTINUE…………………………………….....1

> DISAGREE / DECLINES THIS PORTION……….…………….2

> DECLINES STUDY PARTICIPATION …………………………0   TERMINATE, GO TO END2
> STATUS AS REFUSAL 200

CATI: DO NOT ALLOW DK or REF OPTIONS FOR A7

ALL
{YOUTH} first name from SAMPLE FILE: <STU_FNAME>
"he" if sample file <GENDER> = 1, "she" if sample file <GENDER> = 2
"himself" if sample file <GENDER> = 1, "herself" if sample file <GENDER> = 2

A8. **Even if you consent for {YOUTH} to take part in this study, {he/she} must agree also. When {he/she} turns 18 or no longer has a legal guardian, {he/she} must consent for {him/herself}.**

> **You or {YOUTH} can ask questions or drop out of the study at any time without penalty by calling Mathematica Policy Research. If you have any questions about your child's rights as a research volunteer, you can call the New England Institutional Review Board (IRB)who reviewed this study to make sure students' rights are protected.**

> **IF NEEDED: Mathematica's toll-free number is 866-964-7962. New England IRB's telephone number is 617-243-3924.**

> AGREES TO TAKE PART – CONTINUE   …………………...1

> DECLINES STUDY PARTICIPATION 0   TERMINATE. STATUS AS 211 AND ROUTE
> TO REFUSAL MODULE.

CATI: DO NOT ALLOW DK or REF OPTIONS FOR A8

NOT ASKED OF RESPONDENTS
BLIND TO INTERVIEWERS

< MPRCAIMgt.StafInfo.IntvName> / <Survey.SectionI.DateStart>

CATI: IF A8 = 1, RECORD INTERVIEWER ID (A WINDOWS ENVIRONMENT VARIABLE) OF THE INTERVIEWER WHO GOT THE CONSENT AND THE DATE SO IT MAY BE FILLED ON THE CONSENT FORM THAT IS MAILED TO THE RESPONDENT.

D1A = 6,7,11,16 OR D2 = 1 FOR DEAFNESS, DEAFNESS/BLINDNESS, HARD OF HEARING, SPEECH IMPAIRMENT OR D9 = 2
{YOUTH} first name from <STU_FNAME>

I14. **We've reached the end of your portion of the survey. When we contact {YOUTH} to complete {his/her} portion of the survey, what assistive technologies, if any, should we have available?**

NO ASSISTIVE TECHNOLOGY 0   GO TO END1

VIDEO RELAY.. 1   GO TO END1

INSTANT MESSAGING (IM) eg- gchat, skype, AIM ... 2

TTY/TDD 4   GO TO END1

VOICE AMPLIFICATION 5   GO TO END1

TACTILE SIGN 6   GO TO END1

PARENT REQUESTS PROXY INTERVIEW FOR STUDENT   7 GO TO END1

PARENT WILL ASSIST WITH STUDENT INTERVIEW   8 GO TO END1

OTHER, SPECIFY_____........ 99   GO TO END1

DON'T KNOW .... d   GO TO END1

REFUSED .... r   GO TO END1

I14=2
{YOUTH} first name from <STU_FNAME>

I14a. **We'd be happy to complete the interview using an instant messenger. It is important that [YOUTH]'s answers to the questions remain confidential and travel over a secure connection. To do this, we'll need you to download some security software to {his/her} computer to ensure our connection is secure. We will set an appointment for the best time to conduct this interview with [YOUTH] and provide you with a security code to share with [YOUTH] so we can confirm we are speaking with (him/her) at that time.**

INTERVIEWER: IF RESPONDENT REFUSES TO INSTALL SOFTWARE, GO BACK TO PREVIOUS QUESTION AND SELECT AN ALTERNATE METHOD OF COMPLETION.

CONTINUE.. 1

REFUSED .... r   GO TO END1

CATI: DO NOT ENABLE DON'T KNOW FOR I14a

I14a=1

I14b. **To what email address should we send the instructions to download this software?**

                              (STRING (500)
        EMAIL
        REFUSED…………………………………r   GO TO END1

CATI: DO NOT ENABLE DON'T KNOW FOR I14b

I14b=SPECIFIED
FILL MPR ID WITH MPR ID ASSIGNED TO STUDENT CASE

I14c. **I'd like to provide you with the security code {he/she} will need when we contact {him/her} for the interview so we can confirm we are speaking with the right person. The code is: [CATI: FILL MPR ID FOR STUDENT CASE].**

        INTERVIEWER: SET YOUTH INTERVIEW AS APPOINTMENT FOR MINIMUM OF 3 DAYS LATER.

        CONTINUE... 1
        REFUSED .... r   GO TO END1

CATI: DO NOT ENABLE DON'T KNOW FOR I14c

ALL
{YOUTH} first name from <STU_FNAME>

<END1> **CATI INSERT FOR ALL: Those are all the questions I have for you in this survey.**

CATI INSERT FOR PAYMENT FLAG=1: We will be mailing your $20 check soon.

CATI INSERT FOR PAYMENT FLAG=5: We will be mailing your $15 check soon.

CATI INSERT FOR PAYMENT FLAG=6: We will be mailing your $30 check soon.

CATI INSERT FOR ALL: If you have any questions about the study, or if your contact information changes, please call us toll-free at: 866-964-7962. You can also visit our website at: http://ies.ed.gov/ncee/nlts.

IF LEA ID IS NOT 0691007, INSERT: If it is possible to speak with {YOUTH}, can you pass the telephone to {him/her} or tell me the best number to reach {him/her} at right now?

IF LEAD ID = 0691007, INSERT: Your school district has requested us to complete the student interview with a parent or guardian, who will respond on [YOUTH]'s behalf. Are you able to continue with the youth portion of the interview now?

        YES, CONTINUE WITH YOUTH INTERVIEW NOW ... 1
        NO.. 0
        DON'T KNOW .... d
        REFUSED .... r

ALL

<END 2>   Thanks for taking time to answer these questions today. Have a nice day!

INTERVIEWER: SELECT CODE WITHOUT READING ALOUD. CLICK BUTTON BELOW TO LAUNCH STUDENT INTERVIEW. BEGIN INTERVIEW, SET APPT, OR STATUS CASE, AS APPLICABLE.

CONTINUE WITH YOUTH INTERVIEW NOW 1

CALL STUDENT AT DIFFERENT NUMBER (UPDATE BEST NUMBER TO CALL IN YOUTH SURVEY VIA APPT)...   2

CALL STUDENT DIFFERENT TIME (SET CALLBACK)   3

STUDENT REQUIRES PROXY RESPONSE   4

STUDENT REFUSES AT THIS TIME 5